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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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O BRUCE FEB 17 2017 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 511161 8097060

AUTHORIZATION : Spelle Regard

COST LIMIT : '\$ 125.00

FOREIGN FILINGS

ORDER DATE: February 15, 2017

ORDER TIME : 1:02 PM

ORDER NO. : 511161-005

CUSTOMER NO: 8097060

NAME: AMC SERVICING SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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COVER LETTER

| | gistration Section vision of Corporations | | | | | | | |
|-----------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|--|--|
| SUBJECT: | AMC Servicing Solut | ons, LLC | | | | | | |
| BUDUECT. | | Name of Limited Liability Company | | | | | | |
| | | gn Limited Liability Comp to register the above refere | | | | | | |
| Please retur | n all correspondence cor | ncerning this matter to the | following: | | | | | |
| | Kathy Albright | | | | | | | |
| | | N | ame of Person | | | | | |
| | AMC Servi | cing Solutions, L | LC. | | | | | |
| | | | irm/Company | | · · · · · · · · · · · · · · · · · · · | | | |
| | 5120 W. | Waters Ave | | | | | | |
| | *************************************** | | Address | | <u> </u> | 281 | | |
| | Tampa, I | 2 33634 | | | AH | | | |
| | | City/S | tate and Zip Code | | <u> </u> | | | |
| | Kerthyalbr | ight Oamsfirst. E-mail address: (to be used | (۵۷۷۱ | | (m) | | | |
| | 1 | E-mail address: (to be used | d for future annual re | eport notification) | | _∞ | | |
| For further | information concerning | his matter, please call: | | | D _E | 21 | | |
| | Keethy Albr | raht Contact Person | at (<u>§;3</u>) | 50% - 1840 | ue Number | e annumb ethel illine see, eneme — with m | | |
| Di Re P.0 | AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314 | Contact Person | <u>\$</u> I F C 2 | ETREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center Callahassee, FL 32301 | as | | | |
| | - | g amount: I \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Certified Copy | | Filing Fee, Cer Certified Copy | | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. AMC Servicing Solution | | | | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------|-----------------------|
| (Name of Fore | eign Limited Liability Company; must inclu | ude "Limited Liability Company," "L.L.C.," of | r "LLC.") | _ | |
| (If name unavailable, enter a Liability Company," "L.L.C, | | ansacting business in Florida. The alternate na | me must incl | ude "Lir | nited |
| 2. Delaware | 3 | 45-5356959 | | | |
| | of which foreign limited liability | (FEI number, if applicable | :) | | - |
| 4. 03/01/2017 | • | | _ | | |
| | (Date first transacted business in I (See sections 605.0904 & 605.0905, | Florida, if prior to registration.) F.S. to determine penalty liability) | | | |
| 5. 630 Third Ave, Suite 1 | • | | | | |
| New York, NY 10017 | | | _ | | |
| | (Street Address of Princip | pal Office) | _ ₹ | ~ | |
| 6. 5120 W. Waters Ave | | | | | |
| Tampa, FL 33634 | | | 27 | FEB | |
| | (Mailing Addres | ss) | - SS - | 5 | * |
| 7. Name and street address | ss of Florida registered agent: (P.O. Bo | ox NOT acceptable) | 111 52 111 52 111 24 | 6 > | m |
| Name: | Corporation Service Company | | | • | |
| Office Address: | 1201 Hays Street | | DRIO. | 8: 21 | |
| | Tallahassee | , Florida <u>32301</u> | J == | | |
| | (City) | (Zip code) | _ | | |
| designated in this applica to complywith the provisi | gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent. Corporation Service Company By: | f process for the above stated limited liable as registered agent and agree to act in the and complete performance of my dutients a Zend Asst. Vice Presigent's signature) | his capacity s, and I am let | . I furt | her agree |
| 8 The name title or can: | acity and address of the person(s) who | has/have authority to manage is/are: | | | |
| · | 30 Third Ave, Suite 1601, New | | | | |
| | 5120 W. Waters Ave, Tampa, | | | | |
| | | | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | of which it is organized. (If the certific ubmitted) | d, duly authenticated by the official having cate is in a foreign language, a translation of authorized-person | g custody of of the certifi | records | s in the ider oath |
| This document is executed submitted in a document to | d in accordance with section 605.0203 (to the Department of State constitutes a | (1) (b), Florida Statutes. I am aware that ar third degree felony as provided for in s.81 | ny false info 7.155, F.S. | rmatior | 1 |
| | Christina Nemeth | | | | |

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMC SERVICING SOLUTIONS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMC SERVICING SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202045851

Date: 02-15-17

5157612 8300 SR# 20170941552