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SECRETARY OF STATE

O SIMMONS MAY 19 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 649354 8046906

AUTHORIZATION : Smelle ble man

COST LIMIT : \$ 125.00

ORDER DATE : May 18, 2017

ORDER TIME: 3:43 PM

ORDER NO. : 649354-005

CUSTOMER NO: 8046906

FOREIGN FILINGS

NAME: PLUS RELOCATION MORTGAGE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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 MARILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA.

1. Plus Relocation Mortga (Name of Fore	eign Limited Liability Company; must	include "Limited Liab	oility Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of "LLC.")	of transacting busines	s in Florida. The alternate nar	ne must include "Limited
Delaware		37-1847422		
company is organized)	of which foreign limited fiability		(FEI number, if applicable	
4. 10/16/17				_
	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to	registration.)	
5. 600 U.S. Highway 169				
St. Louis Park, MN 55				· ·
	(Street Address of Pri	ncipal Office)		
6. 600 U.S. Highway 169	South, Suite 401			_
St. Louis Park, MN 55	5426			
	(Mailing Ad	ldress)		;
7. Name and street addres	ss of Florida registered agent: (P.O	Box NOT accent	able)	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street		-	
OH100 7100,000	Tallahassee		_, Florida 32301 (Zip code)	
	(City)		_, Florida(Zin code)	_
Registered agent's accep			(Zip olde)	
designated in this applica	gistered agent and to accept servic tion, I hereby accept the appointm ons of all statutes relative to the pr	ient as registered a	gent and agree to act in th	is capacity. I further agree s, and I am familiar with an
accept the obligations of	my position us registered agent. Corporation Service Company		1	Melissa Zender
	By:	M. In		Asst. Vice Presiden
	(Register	ed agent s signature)		<u></u>
8. The name, title or capa	acity and address of the person(s) w	/ho has/have author	ity to manage is/are:	
•	Vanden Houten, members of the E			own Deer,
	Joe Benevides, members of the Bo			
Suite 500, Minneapolis, N	MN 55426			
	to DOG		en language, a translation o	
	d in accordance with section 605.02 to the Department of State constitute			
passauce in a document h	Randall Vanden Houten	o a ama degree lei	and the broading in it aid to	,

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 "PLUS RELOCATION MORTGAGE, 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 EIGHTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLUS RELOCATION MORTGAGE, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER,

A.D. 2016.

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

6263370 8300

SR# 20173700500

Authentication: 202562985

Date: 05-18-17