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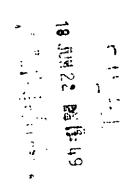
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Office Use Only



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April 4, 2018

BRIAN C NEWMAN 3 CORPORATE DRIVE, SUTIE 208 SHELTON, CT 06484 US

SUBJECT: LOANWORKS SERVICING, LLC

Ref. Number: W18000032104

We have received your document for LOANWORKS SERVICING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,887.50.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 318A00006789

Judy A Leggett Regulatory Specialist II Registration Section

www.sunbiz.org

COVER LETTER

Registration Section

TO:

| CT: | Name of I | Limited Liability Company | |
|--|---|---|--|
| losed "Application by Force, and check are submitted | reign Limited Liability Comp ed to register the above refere | pany for Authorization to To enced foreign limited linbili | ransact Business in Florida," Certific ty company to transact business in F |
| eturn all correspondence | concerning this matter to the | following: | |
| Brian C. Newn | nan | | |
| | N | ame of Person | |
| Loanworks Ser | vicing, LLC | | |
| | Fi | rm/Company | |
| 3 Corporate Dr | ive, Suite 208 | | |
| | | Address | |
| Shelton, CT 06 | 484 | | |
| | City/S | tate and Zip Code | |
| jsmith@shelving | | | |
| | E-mail address: (to be use | d for future annual report no | otification) |
| her information concernis | ig this matter, please call: | | |
| Jennifer Smith | | 203 993-6 at () | 253 |
| Name | of Contact Person | | sytime Telephone Number |
| MAILING ADDRESS Division of Corporation | | STREET ADDRESS: Division of Corporations | |
| Registration Section P.O. Box 6327 | | Registration Section Clifton Building | |
| Tallahassee, FL 32314 | | | xecutive Center Circle ssee, FL 32301 |
| | | | |
| d is a check for the follow | ving amount: | | □ \$160.00 Filing Fee, Certificat |

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:

| | name adopted for the purpose of transacting business in F | lorida. The alternate name must include "Limited Liability Company, | " "L.L.C," or "LLC.") |
|--|---|--|---|
| 2. Delaware | | 3. 26-3094772 | |
| (Jurisdiction under the law of v | rhich foreign limited liability company is organized) | (FEI namber, if applicable | :) |
| 4 7/31/2008 | | | |
| · | (Date first transacted business in Fforida, if prior t (See sections 605.0904 & 605.0905, F.S. to deter | lo registration.) | |
| 5 3 Corporate Drive, Su | | 2 Compenta Driva Suita 209 | |
| (Siren Address of | | 6. (Mailing Address) | |
| Shelton, CT 06484 | · | Shelton, CT 06484 | 3-12 E |
| | | | |
| | | | ro |
| | | .100 |) 123 1 |
| 7. Name and street addre | ss of Florida registered agent: (P.O. Bo | x <u>NQT</u> acceptable) | E |
| Name: | Corporation Service Company | | 978 |
| Tiallio. | | | |
| Office Address: | 1201 Hays Street | | |
| | Tallahassec | , Florida 32301 | • |
| | (Chy) | | |
| laving been named as re lesignated in this applica o comply with the provis | stance: egistered agent and to accept service of tion, I hereby accept the appointment | (Zip code) For process for the above stated limited liability cap as registered agent and agree to act in this cap and complete performance of my duties, and a COLL COLL COLL COLL COLL COLL COLL CO | acity. I further agre |
| Having been named as re lesignated in this applica o comply with the provis and accept the obligation | stance: egistered agent and to accept service of etion, I hereby accept the appointment ions of all statutes relative to the prope s of my position hs registered agent, (Registered agent) | process for the above stated limited liability caps as registered agent and agree to act in this caps and complete performance of my duties, and a signature of the signature of | acity. I further agre |
| Having been named as re lesignated in this applica o comply with the provis and accept the obligation | stance: registered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. | process for the above stated limited liability caps registered agent and agree to act in this caps and complete performance of my duties, and signature. 2-23-13 signature: | acity. I further agre |
| Having been named as re- lesignated in this applica- o comply with the provis- and accept the obligation B. The name, title or cap | stance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent) acity and address of the person(s) who h Name and Address: Loanworks LLC | process for the above stated limited liability capes as registered agent and agree to act in this caper and complete performance of my duties, and agree to act in this caper and complete performance of my duties, and a signature. Solution 2-23-13 signature: | acity. I further agre I am familiar with |
| Having been named as ratesignated in this applicate occupily with the provisuand accept the obligation Title or Capacity: | stance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent) acity and address of the person(s) who h | process for the above stated limited liability capes as registered agent and agree to act in this caper and complete performance of my duties, and agree to act in this caper and complete performance of my duties, and a signature. Solution 2-23-13 signature: | acity. I further agre I am familiar with |
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| Having been named as relesignated in this applicate occupies with the provisual accept the obligation. 8. The name, title or capa Title or Capacity: Manager | egistered agent and to accept service of attion, I hereby accept the appointment itions of all statutes relative to the propess of my position as registered agent. (Registered agent) active and address of the person(s) who hame and Address: Loanworks LLC 3 Corporate Drive, Suite 208 Shelton, CT 06484 | process for the above stated limited liability capes as registered agent and agree to act in this caper and complete performance of my duties, and agree to act in this caper and complete performance of my duties, and a signature. Solution 2-23-13 signature: | acity. I further agre I am familiar with |
| Having been named as relesignated in this applicate of comply with the provisional accept the obligation. 8. The name, title or capatite or Capacity: Manager (Use attachments if neces | stance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent) acity and address of the person(s) who h Name and Address: Loanworks LLC 3 Corporate Drive, Suite 208 Shelton, CT 06484 | process for the above stated limited liability caps as registered agent and agree to act in this caps and complete performance of my duties, and 2-23-13 signature. Solution 2-23-13 signature. Title or Capacity: Name as | acity. I further agree I am familiar with |
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| designated in this applicate comply with the provisual accept the obligation. 8. The name, title or caparate or Capacity: Manager Manager Attached is a certificate curisdiction under the law of the translator must be second. This document is executed. | stance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent) acity and address of the person(s) who hame and Address: Loanworks LLC 3 Corporate Drive. Suite 208 Shelton. CT 06484 sary) of existence, no more than 90 days old of which it is organized. (If the certificate abmitted) uted in accordance with section 605.026 | process for the above stated limited liability caps as registered agent and agree to act in this caps and complete performance of my duties, and 2-23-13 signature. Solution 2-23-13 signature. Solution 2-23-13 signature. Title or Capacity: Name and solution is a signature. Name and solution is a signature. Name and solution is a signature. | acity. I further agree I am familiar with Address: dy of records in the ertificate under oath |
| Having been named as refesignated in this applicate of comply with the provisual accept the obligation. 8. The name, title or capatite or Capacity: Manager (Use attachments if neces of the translator must be second.) O. This document is executed. | stance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent) acity and address of the person(s) who hame and Address: Loanworks LLC 3 Corporate Drive. Suite 208 Shelton. CT 06484 sary) of existence, no more than 90 days old of which it is organized. (If the certificate abmitted) uted in accordance with section 605.026 | process for the above stated limited liability cap as registered agent and agree to act in this cap and complete performance of my duties, and 2-23-13 as signature) As signature: Title or Capacity: Name and complete performance of my duties, and 2-23-13 as signature. Name and 2-23-13 as signature. Name and 2-23-13 are signature. | acity. I further agree I am familiar with Address: dy of records in the ertificate under oath |

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LOANWORKS SERVICING 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 TWENTY-FIRST DAY OF MARCH, A.D. 2018.

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

Authentication: 202365301

Date: 03-21-18