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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUL 02 2018

June 26, 2018

Florida Division of Corporations Registration Section
Clifton Building – 2661 Executive Center Circle
Tallahassee, FL 32301

RE: Fiserv LS LLC


To Whom It May Concern:

Enclosed, please find a completed Application by a Foreign LLC for Authorization to Transact Business in Florida for Fiserv LS LLC, a Certificate of Good Standing for Fiserv LS LLC, and a check for the filing fee.

Please return proof of filing to David Kokoszka C/O Fiserv Lending Solutions, 6400 Main St, Amherst, NY 14221.

If you need any further information, please contact me at 716-616-5062 or david.kokoszka@fiserv.com.

Respectfully,



David Kokoszka
Compliance Specialist
716-616-5062
david.kokoszka@fiserv.com

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fiserv LS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David Kokoszka

Name of Person

Fiserv Lending Solutions

Firm/Company

6400 Main St

Address

Amherst, NY 14221

City/State and Zip Code

Lending.Compliance@fiserv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Kokoszka

716

616-5062

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

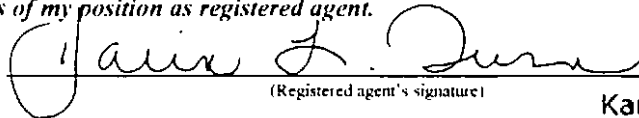
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

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. Fiserv LS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware 3. 39-1506125
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 3/29/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 455 S Gulph Rd # 125 6. 455 S Gulph Rd # 125
(Street Address of Principal Office) (Mailing Address)
King of Prussia PA, 19406 King of Prussia PA, 19406
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays St
Tallahassee Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

Karin L. Dunn, Assistant VP

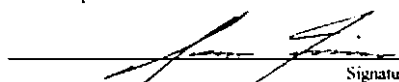
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President and CEO</u>	<u>Bret Leech</u> <u>455 S Gulph Rd # 125</u> <u>King of Prussia PA, 19406</u>	<u>n/a</u>	<u></u> <u></u> <u></u>
<u>CFO</u>	<u>Sean Quinn</u> <u>455 S Gulph Rd # 125</u> <u>King of Prussia PA, 19406</u>	<u>n/a</u>	<u></u> <u></u> <u></u>

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Sean Quinn
Typed or printed name of signer

FILED
JUN 29 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FISERV LS 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-FIFTH DAY OF JUNE, A.D. 2018.



6743171 8300

SR# 20185341088

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202950570

Date: 06-25-18