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Certified Copies	_ Certificates	of Status
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K. SALY JUL - 3 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

COST LIMIT :

_ _ _ _ _ _ _ _ _ _

AUTHORIZATION

279859 7866623 ena \$U 100

- - - - - - - - -

ORDER DATE : June 28, 2018

ORDER TIME : 11:31 AM

_ _ _ _ _ _ _ _ _ _ _ _ _ _

ORDER NO. : 279859-330

CUSTOMER NO: 7866623

:

FOREIGN FILINGS

NAME: SCP SERVICING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX _____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. SCP Servicing, LLC

. •

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter a Liability Company," "L.L.C.		nsacting business in Florida. The alternate na	me must include "Limited
2. DE		82-4569651	
2. (Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	:)
4. 04/01/2018			
·	(Date first transacted business in F (See sections 605.0904 & 605.0905,	lorida, if prior to registration.) F.S. to determine penalty liability)	
5. 4 Park Plaza Suite 200	00, Irvine, CA 92614		18
	(Street Address of Princip	al Office)	
6. 4 Park Plaza Suite 200	0, Irvine, CA 92614		N M
···			
	(Mailing Address	s)	- 6
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	当日 4
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
Office Address.	Tallahassee		
	(City)	, Florida (Zip code)	_
designated in this applica to complywith the provisi	rgistered agent and to accept service of ation, I hereby accept the appointment of ons of all statutes relative to the proper my position as registered agent. Corporation Service Company By:	process for the above stated limited liab as registered agent and agree to act in th r and complete performance of my dutie Dutte pent's signature)	is capacity. I further agree
8. The name, title or capa	acity and address of the person(s) who h	as/have authority to manage is/are:	
Sabal Capital Partners, LI	LC, Sole Member, 4 Park Plaza, Suite 2	000, Irvine, CA 92614	
	of which it is organized. (If the certifica	, duly authenticated by the official having ate is in a foreign language, a translation of	
	Signature of an a	uthorized person	_
		 (b), Florida Statutes. I am aware that an hird degree felony as provided for in s.817 	

R. Patterson Jackson

Typed or printed name of signee

Delaware

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCP SERVICING, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2018.

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

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Page 1



Juffrey W. Bulline, b. Secretary of Blate

Authentication: 202978869

Date: 06-28-18

6765491 8300 SR# 20185423436

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