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(City/State/Zip/Phone #)	(Address)
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Office Use Only

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	: I2000000195
	REFERENCE	: (823172) 7539224
	AUTHORIZATION	: A
. <b>.</b>	COST LIMIT	: \$ 125.00
ORDER DATE	June 26, 2019	
	·	
ORDER TIME :	3:51 PM	
ORDER NO. :	823172-040	

FOREIGN FILINGS

NAME: XOME SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

CUSTOMER NO: 7539224

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

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### COVER LETTER

#### TO: Registration Section Division of Corporations

Xome Services LLC

SUBJECT:

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:

Karen L. Robb				
·	Name	e of Person		
Nationstar Mort	gage LLC			
<u>_</u> _	Firm/	Company		
8950 Cypress W	aters Blvd			
	A	ddress		
Coppell, Texas 7	75019			
	City/State	and Zip Code		
sop@cscinfo.com				
	E-mail address: (to be used for	r future annual r	eport notifica	tion)
information concerning	this matter, please call:			
Caren L. Robb	a	972 t (	894-9743 )	
Name of	Contact Person	Area Code	Daytime	Telephone Number
IAILING ADDRESS:			STREET AD	
ivision of Corporations egistration Section			Division of Co Registration S	
.O. Box 6327		Clifton Building		
allahassee, FL 32314		1		e Center Circle
			· · · · · · · · · · · · · · · · · · ·	
nclosed is a check for the	e following amount: e to: FLORIDA DEPARTME			

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

# 1. Xome Services LLC

intre mavanaose, cines aremate n	ame adopted for the purpose of transacting business in Fl		nemate name must menter. Entitien tratinny e	company, E.I.C. of EEC.	
Texas		3.	75-2533456		
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)		
n/a					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration nine penalty	hability)	-	
750 Highway 121 By	pass	r	750 Highway 121 Bypass		
(Street Address of F	rincipal Office)	0.	(Mailing Address)		
Suite 100			Suite 100		
Lewisville, Texas 750	067		Lewisville, Texas 75067		
Name and street addres	s of Florida registered agent: (P.O. Bo)	x <u>NOT</u> :	acceptable)		
Name:	Corporation Service Company				
Office Address:	1201 Hays Street				
	Tallahassee		32301 . Florida		
	(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.

Corporation/Service Company Lydia Cohen By: Asst. Vice President (Registered agent's signature)

# • • • • •

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Xome Holdings LLC	Manager	Name:
Member	Address:	🗋 Member	Address: 8950 Cypress Waters Hlvd
Authorized	Suite 100	Authorized	Coppell, Texas 75019
Person	Lewisville, Texas 75067	Person	
Other	Other	Other Asst Sccy	Other
Manager	Name:	🗌 Manager	A. Nancy Reinhard
Member	Address:	Member	Address:
Authorized	Coppell, Texas 75019	Authorized	Coppell, Texas 75019
Person		Person	
Other SVP & Tre	asurer Other	Other	Other
Manager	Name:	🗌 Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Karen L. Robb

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

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Jose A. Esparza Deputy Secretary of State

### Office of the Secretary of State

### **Certificate of Fact**

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Xome Services LLC (file number 801866511), a Domestic Limited Liability Company (LLC), was filed in this office on October 14, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, 1 have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 26, 2019.



Jose A. Esparza Deputy Secretary of State