(Request	or's Name)
(Address)	
(Address))
(City/Stat	e/Zip/Phone #)
PICK-UP] WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer.

Office Use Only



100378372821

2022 JAN -3 PH 12: 32

JAN 0 4 2022 K. Brumbley

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 352011 4342390
AUTHORIZATION: Spelle Ren
COST LIMIT : \$ 125.00
ORDER DATE : December 28, 2021
ORDER TIME : 2:19 PM
ORDER NO. : 352011-335
CUSTOMER NO: 4342390
<u>FOREIGN FILINGS</u>
NAME: MORTGAGE ASSETS MANAGEMENT LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

CORPORATION SERVICE COMPANY

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

IN COMPILANCE 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 I	Liability Comp	iny," "L.L.C" or "LLC.")		
If name unavailable, eater alternme :	name adopted for the purpose of transacting business in Fleri	ida. The alternate	name must include "Limited Liability Comp	eny," "L.L.C," or "L	LC."}
Delaware			672274		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applical	blej	
·					
	(Date tirst transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	gistration.) : penalty liability)			
14405 Walters Road	l, Suite 200	1440	5 Walters Road, Suite 200		
Street Address of Principal Office)	·····	b	Uniling Address)	 .	
Houston		Hous	ton	<u> </u>	
TX 77014		TX 7	7014		20;
. Name and <u>street addres</u>	is of Florida registered agent: (P.O. Box 1		ble)		7 JAN -3
Name: Office Address:	515 EAST PARK AVENUE 2ND FL				PH 12:
	Tallahassee 32301		32301 , Florida		32
	(City)		(Zip code)		
esignated in this applicate comply with the provisi	tance: gistered agent and to accept service of protion, I hereby accept the appointment as tons of all statutes relative to the proper as of my position as registered agent. CAPITOL CORPORATE SERVICES, By: Mary Fink, Asst. Sec. on behalf of C	registered ag nd complete , INC. apitol Corpo	ent and agree to act in this cap performance of my duties, and	pacity. I furth	er agree

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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: SHAP 2018-1, LLC	□Manager	Name:
■Member	Address: 1251 Avenue of the Americas	□Member	Address: 14405 Walters Road, Ste 200
□Authorized	50th Floor, New York, NY 10020	■ Authorized	Houston, TX 77014
Person		Person	
Other	□Other	■Other	Other
□Manager	Name: Alan Clark	□Manager	Name: Gretchen McCord
□Member	Address: 14405 Walters Road, Ste 200	□Member	Address:14405 Walters Road,Ste 200
■ Authorized	Houston, TX 77014	■ Authorized	Houston, TX 77014
Person		Person	
Other VP. General C	Counsel Other	Sr. Counsel and	Secretary
□Manager	Name: Robert Nicholas	□Manager	Name: Kimberley Flynt
□Member	Address:14405 Walters Road,Ste 200	□Member	Address: 14405 Walters Road, Ste 200
■ Authorized	Houston, TX 77014	□Authorized	Houston, TX 77014
Person		Person	
SVP SVP		Chief Risk & Correla	once citizer
Continued on the of	10 ch 0 1		

Continued on the attachment

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.

Ahm '	Bodw		
Jeffrey Baker	V V - 3	Signature of an authorized person	
		Typed or printed name of signee	

Attachment.

Name	Title or Capacity	Business Address
Thomas Capasse	Board Member	C/O Waterfall Asset Management, LLC 1251 Avenue of the Americas, 50th FL New York, NY 10020
Thomas Buttacavoli	Board Member	C/O Waterfall Asset Management, LLC 1251 Avenue of the Americas, 50th FL New York, NY 10020

Page 1



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

DELAWARE, DO HEREBY CERTIFY "MORTGAGE ASSETS MANAGEMENT, 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 THIRD DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MORTGAGE ASSETS MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY,

A.D. 2007.

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

Authentication: 202301850

Date: 01-03-22