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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Ditech Holding Corporation

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\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Dit	tech H	olding Corporation				
Somecr		(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	_	
Enclosed are an	origi	nal and one (1) copy of the art	icles of incorporation an	d a check for:		
S70. Filing F		□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM	. Ad ri	ana Henquen	e (Printed or typed)			1
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	Bost	on, MA 02111			三	
	617-	City, 856-8531	, State & Zip		船川: 2	STAT
	0.7	·	Telephone number		ၯ	©πi ⊅

NOTE: Please provide the original and one copy of the articles.

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

ahenquen@brownrudnick.com

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Ditech Holding Corporation The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE Principal street address	Marking and a second of the second of the
CT Corporation System	Mailing address, if different is:
1200 South Pine Island Road	
Plantation, Florida 33324	· · · · · · · · · · · · · · · · · · ·
ARTICLE III PURPOSE The purpose for which the corporation is organized is: to transact	any or all lawful business for which corporations may be
incorporated under the Florida Business Corporation Act.	
	7
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	9
ARTICLE IV SHARES one (1)	. A
The number of shares of stock is:	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title:	Name and Title:
Address	
•	
Name and Title:	Name and Title:
Address	Address:
· · · · · · · · · · · · · · · · · · ·	
Name and Title:	Name and Title:
Address	Address:
1	
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Name and Title:		Name and Title:	Name and Title:		
Addres	s	Address:	300, 300,		
	REGISTERED AGENT				
Name:	Horida street address (P.O. Box NOT acce CT Corporation System	positive) of the registered agent is:			
Address:	1200 South Pine Island Road			<b>ت</b>	
11000000	Plantation, Florida 33324		<b>♂</b>	ALL AL	
ARTICLE VII	INCORPORATOR		Y 27	PASSE PASSE PASSE	
The name and a	ddress of the Incorporator is:			- 즉유급	
Name:	Adriana Henquen		<del></del>	418 418	
Address:	One Financial Center		25	DA E	
	Boston, MA 02111				
Effective date, if (If an effective days after the fine Note: If the date	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific an iling.) e inserted in this block does not meet the ap effective date on the Department of State's	plicable statutory filing requireme	ness days prior or 90 l		
this certificate, I	med as registered agent to accept service o am famillar with and accept the appointme	ent as registered agent and agree to	oration at the place de o act in this capacity	signated in	
Con	Required Signature/Registered A	<u>Confidence</u> Sector	May 2	2016	
I submit this do-	cument and affirm that the facts stated he Department of State constitutes a third deg	rein are true. I am aware that the	: false information sub 155, F.S.	mitted in a	
•	Al. Dry		May 27, 2016		
Rem	ired Signature/Incorporator	***************************************	Date		