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FBE

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Authority Foreign Business Entity

Pursuant to the provisions of KRS Chapter 14A and KRS Chapters 362.2 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

- 1. The entity is a limited partnership.
- 2. The name of the entity is **Amcap Mortgage Ltd**.
- 3. The name of the entity to be used in Kentucky is Amcap Mortgage, Ltd..
- 4. The state or country under whose law the entity is organized is Texas.
- 5. The date of organization is **5/31/2002**.
- 6. The mailing address of the entity's principal office is 9999 Bellaire Blvd Ste 700, Houston, TX 77036.
- 7. The street address of the entity's registered office in Kentucky is **828 Lane Allen Rd Ste 219, Lexington**, **KY 40504** and the name of the registered agent in that office is **InCorp Services**, **Inc.**.
- 8. The names and business addresses of the entity's representatives:

Phillip Garrett Clayton 9999 Bellaire Blvd Ste 700, Houston, TX 77036

- 9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
- 10. This application will be effective on filing.

Signature of Authorized Representative: Michele Sigle

I, **InCorp Services, Inc.**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Eric Wolz

FLAC