RI SOS Filing Number: 201738125430 Date: 3/16/2017 1:43:00 PM

	nd Providence Plantations tate - Business Services	Division	
Fictitious Business DOMESTIC or FOREIGN → Filing Fee: \$50.00 Pursuant to the provisions of Filipher following statement for autifictitious business name: 1. Entity ID Number	I Business Corporation RIGL 7-1.2-402, the undersigne	ed business corporation hereby ne state of Rhode Island under a	R.I. DEPT OF STATE BUS SYCS DV 2017 MAR 16 PM 1: 43
000652805	Altisource Fulfillment Operations, Inc.		ယ
3. List the fictitious business of Owners.com Loans	name to be used:		
4. List the state or country the	e entity is incorporated:	5. List the date of incorporation:	
Delaware		01/11/2011	
6. List the address of its regis	stered office within Rhode Islan	d:	
Street Address 450 VETERANS	S MEMORIAL PARKWAY, SUIT	TE 7A	
City EAST PROVIDENCE		State RHODE ISLAND	Zip 02914
7. List the business in which Licensed mortgage brokerage ac			
• •	norized to do business in the st		
Under penalty of perjury, I the information contained in	declare and affirm that I have herein is true and correct.	e examined this Fictitious Bus	siness Name State and that
Name of Authorized Officer of the Corporation			Date
Timothy G.N. Harcourt			3/7//7
Signature of Authorized Offic	er of the Corporation,		

111190

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

MAR 16 2017

BY 398398

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 624 Corporation - Revised: 06/2016

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

March 16, 2017 01:43 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

