

Filing Fee: \$50.00

ID Number: 000139010



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 JAN 27 AM 11:57

**BUSINESS CORPORATION**

**APPLICATION FOR CERTIFICATE OF WITHDRAWAL**

Pursuant to the provisions of Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is Saxon Funding Management, Inc.
2. It is incorporated under the laws of Delaware
3. It is not transacting business in the state of Rhode Island.
4. It hereby surrenders its authority to transact business in the state of Rhode Island.
5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Secretary of State of the State of Rhode Island.
6. The post office address to which the Secretary of State may mail a copy of any process against the corporation that is served on the Secretary of State:  
4718 Mercantile Drive North, Fort Worth, TX 76137
7. As required by Section 7-1.2-1413 of the General Laws, the corporation has paid all fees and taxes.
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.
9. This Application for Certificate of Withdrawal shall be effective upon filing unless a specified date is provided which shall be no later than the 90<sup>th</sup> day after the date of this filing \_\_\_\_\_

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 12/2/13

[Signature]

Signature of Authorized Officer of the Corporation  
Monika Troester, Manager of Saxon Funding Management LLC, successor in interest  
by limited liability company conversion of Saxon Funding Management, Inc.

Type or Print Name of Authorized Officer

11:59 AM  
**FILED**

JAN 27 2016

By 266261

ICM

ID# 139010



STATE OF RHODE ISLAND AND  
PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

DANIEL LADD  
BUCKLEY SANDLER LLP  
1250 24TH STREET NW, SUITE 700  
WASHINGTON, DC 20037

## LETTER OF GOOD STANDING

It appears from our records that **SAXON FUNDING MANAGEMENT INC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **SAXON FUNDING MANAGEMENT INC** is in good standing with the Rhode Island Division of Taxation as of **12/09/2015**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

## CANCELLATION

This letter of good standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,

David M. Sullivan  
Tax Administrator

Marc R. Levasseur  
Supervising Revenue Officer  
Compliance and Collections

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DLN: 0472583001

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SECRETARY OF STATE  
CORPORATIONS DIV  
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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

