

F04000001565

H. B. Stivers

(Requestor's Name)

245 E Virginia St.

(Address)

Talla., FL. 32317

(Address)

222-6580, call me

(City/State/Zip/Phone #)

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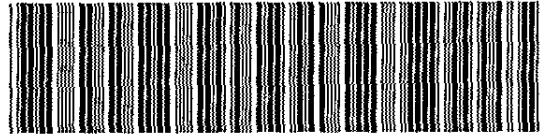
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Associated Attorney Title & Closing Co. P.C.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

H.B. STIVERS

(Name of Person)

LEVINE STIVERS & MYERS

(Firm/Company)

245 EAST VIRGINIA STREET

(Address)

TALLAHASSEE, FL 32301

(City/State and Zip code)

For further information concerning this matter, please call:

H.B. STIVERS

(Name of Person)

at (850

) 222-6580

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

FILED
04 MAR 22 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Associated Attorney Title & Closing Co., P.C.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Connecticut

(State or country under the law of which it is incorporated)

3. 20-0731085

(FEI number, if applicable)

4. March 10, 2004

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. One Town Center, Cheshire, Connecticut 06410

(Principal office address)

One Town Center, Cheshire, Connecticut 06410

(Current mailing address)

8. TITLE INSURANCE AND ANY OTHER LAWFUL PURPOSE

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Linda I. Rovetto

Office Address: 200 East Washington Street, Suite A

Clermont

(City)

, Florida 34711

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Donald S. Baillie

Address: One Town Center

Cheshire, Connecticut 06410

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Donald S. Baillie

Address: One Town Center

Cheshire, Connecticut 06410

Vice President: _____

Address: _____

Secretary: Donald S. Baillie

Address: _____

Treasurer: Donald S. Baillie

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

Donald S. Baillie, President

(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

ASSOCIATED ATTORNEY TITLE & CLOSING CO., P.C.

a STOCK corporation under the Connecticut General Statutes was filed
in this office on February 19, 2004.

Insofar as the records of this office reveal, the corporation is in
existence.

A handwritten signature in cursive script, reading "Susan Bignewicz", is written over a horizontal line.

Secretary of the State

Date Issued: March 10, 2004