F070000003484

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



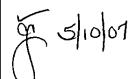


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07 MAY -8 AM 8: 50

SECRETARY OF STATE



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

07 MAY -8 AM 8: 50

TO: New Filing Section Division of Corporations	
SUBJECT: First Source (Name of corp.)	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to
Please return all correspondence concerning this n	natter to the following:
Michae	R M S Namara me of Person)
(Nar	ne of Person)
First Sou	rce Title Agency, Inc. n/Company) lockside Road Suite 115-(Address)
//II //) on 1/5 1/2 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5 1/5
0611 8	(Address)
Tip do nonderno	Chio 44/3 State and Zip code)
(City/S	State and Zip code)
	•
For further information concerning this matter, ple	ase call:
Mike McNamara at (21 (Name of Person) (A	6,337-5111
(Name of Person) (A	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\frac{\times}{2}\$ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. <u>- Fi</u>	Comment time	
(Enter name of o	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Corp." "Corp."	
		· · · · · · · · · · · · · · · · · · ·
(If name unavai)	ilable in Florids, enter alternate corporate name adopted for the purpose of transacting busin	ness in Florida)
2. Oh	hio 3. 37-1486876	
(State or country	wilable in Florids, enter alternate corporate name adopted for the purpose of transacting number. 3. 37-1486876 y under the law of which it is incorporated) (FEI number, if applicable)	
4. <u>Ma</u>	te of incorporation) 5. Perpetual (Ouration: Year corp. will cease to exist o	
(Date	te of incorporation) (Ouration: Year corp. will cease to exist o	r ("beibeurej")
6	NA	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 6611	Rockside Road Suite 1150 Independence (Principal office address)	, ohio 4413
	Som e (Current mailing address)	
3. <u>T</u> 1	He Insurance Agency and Escrow Con (s) of corporation authorized in home state or country to be carried out in state of Florida)	npont_
(Purpose(s	s) of corporation authorized in home state or country to be carried out in state of Florida)	
Name and core	et address of Florida registered agent: (P.O. Box NOT acceptable)	_ \
. Latine and Pried		\sim \sim \sim
Name:	CT Corporation System	SECR /ISIOI 07 M
Name:	1200 South Pine Island Road	SECRETAR VISION OF C
Name:	1200 Souse Pine Island Road	SECRETARY OF CORF
Name:	CT Corporation System 1200 South Pine Island Road Plantation , Florida 33324 (City) (Zipcode)	
Name: Office Address:	Plantation, Florida 33324 (City) (Zip code)	~~~,
Name: Office Address: 0. Registered ag	Plantation , Florida 33324 (City) (Zip code)	.ED OF STATE ORPORATION AM 8: 50
Name: Office Address: O. Registered againg been namelesignated in this	1200 South Pine Island Road Plan to tion (City), Florida 33324 (City) (Zip code) gent's acceptance: ned as registered agent and to accept service of process for the above stated corpor application. I hereby accept the appointment as registered agent and agree to act	AH 8: 50 Pation at the place in this capacity. I
Name: Office Address: O. Registered aglaving been names lesignated in this turker agree to co	Plan to thom , Florida 33324 (City) , Florida 33324 (City) (Zip code) gent's acceptance: med as registered agent and to accept service of process for the above stated corpor application, I hereby accept the appointment as registered agent and agree to accept with the provisions of all statutes relative to the proper and complete performance.	AH 8: 50 Pation at the place in this capacity. I
Name: Office Address: O. Registered agraving been name esignated in this turner agree to co	Plan to the fine Is and Road Plan to the fine Is and Road (City), Florida 33324 (City), Florida 33324 (City) (Zip code) gent's acceptance: med as registered agent and to accept service of process for the above stated corpor application, I hereby accept the appointment as registered agent and agree to accept with the provisions of all statutes relative to the proper and complete perform with and accept the obligations of my position as registered agent.	AH 8: 50 Pation at the place in this capacity. I
Name: Office Address: O. Registered aglaving been names lesignated in this turker agree to co	Plan to thom , Florida 33324 (City) , Florida 33324 (City) (Zip code) gent's acceptance: med as registered agent and to accept service of process for the above stated corpor application, I hereby accept the appointment as registered agent and agree to accept with the provisions of all statutes relative to the proper and complete performance.	AH 8: 50 Pation at the place in this capacity. I
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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.

A. DIRECT	ORS		
Chairman:			
Address:			
Vice Chairman	n:		
Address:			
Director:		~	
,			
Director:			ي
		07 H	SEC! /ISIC
		AY -	NETA-F
B. OFFICEI	RS () () () () () ()	∞	RY OF CORP
	Michael R Mi Namara	8: HA	F ST POR
	9507 Cyprus Lane	50	
	olmsted Falls objo 44138		- 65 - `
	Ronald J. Leanhardt Jr.		
	10616 Glen Forest Trail		
	Brecksville, ohio		
Secretary	Michael R MiNamara		
Address:	4		
	Michael R MENamara		
Address:	Sant		
NOTE: If nec	essary, you may attach an addendum to the application listing additional officers and/or direct	xors.	
13	- 1-1-1-1-		
	(Signature of Director or Officer listed in pumber 12 of the application)	١	,
14,	(Typed or printed name and capacity of person signing application)	1 en	<u> </u>
	(1) kno or himiton mem men autumnin or haison ordinal albuquanti		

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

TOTAL P.003

TOTAL P.03

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FIRST SOURCE TITLE AGENCY, INC., an Ohio Corporation, Charter No. 1447673, having its principal location in Independence, County of Cuyahoga, was incorporated on March 08, 2004, and is currently in GOOD STANDING upon the records of this office.

SECRE JAK OF CORPORATIONS
OF HAY -8 AM 8:50



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of April, A.D. 2007.

Ohio Secretary of State

Validation Number: 200711503212