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COVER LETTER

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SUBJECT:	CARE	FREE TITLE A	٩GE	NCY, INC.		
				ion - must includ		
Dear Sir or M	ladam:					
"Certificate o	of Existence,	n by Foreign Corpora " or "Certificate of Go corporation to transac	ood \$1	tanding" and che		
Please return	all correspo	ndence concerning th	is mat	tter to the followi	ing:	
Mel Fara	oni					
		1	Vame	of Person		
Carefree	e Title A	gency, Inc.				
		F	irm/C	ompany		
17851 N	1.85th S	Street, Suite 1	55			
			Ad	ldress		
Scottsda	le, AZ 8	5255				
	<u> </u>	Cit	y/Stat	e and Zip code		
mel.farao	ni@merit	agehomes.com				
<u> </u>		E-mail address: (to	be use	ed for future annu	ial report not	ification)
For further in	iformation c	oncerning this matter,	, pleas	se call:		
Mel Fara	oni	at (480	₎ 515-800	08	
Nan	ne of Person			ea Code & Daytin		e Number
New Divi Clift 2661 Talls	Filing Secti sion of Corp ton Building Executive (ahassee, FL	orations Center Circle 32301		Nev Div P.O	MLING ADI w Filing Sectivision of Corp D. Box 6327 lahassee, FL	ion porations
	Filing Fee	he following amount: \$78.75 Filing Fee Certificate of Sta	e &	\$78.75 Filin		\$87.50 Filing Fee,
		— Certificate of Sta	uus	Certified Co	ру	Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE	WITH SECTION 607.1503, FLORID	A ST	ATUTES, THE FOLLOWING IS SUBMIT	TED TO	
REGISTER A FUR	MIGH CORPORATION TO TRAINSA	CI B	USINESS IN THE STATE OF FLORIDA.	Æ SE	72
1. CAREFREE	TITLE AGENCY, INC.			-5-5-	- 111
	rporation; must include "INCORPORAT rp," "Inc," "Co," or "Corp.")	red,"	"COMPANY," "CORPORATION,"	3	(CG) _
100., 00., 00	· · · · · · · · · · · · · · · · · · ·				27
				H.C	_PR (
(If name unavaila	ble in Florida, enter alternate corporate n	ame :	adopted for the purpose of transacting business	in Piprida)	Liste (L
2. Texas		3.	45 0740500		
(State or country u	inder the law of which it is incorporated)		(FEI number, if applicable)		-51
4. November	2, 2011	_ 5.	Perpetual		_
(Date	of incorporation)	-	(Duration: Year corp. will cease to exist or "	perpetual")	
6					_
			Plorida, if prior to registration) 02, F.S., to determine penalty liability)		
7 17851 N. 8	35th Street, Suite 155, Sco	ttsd	lale, AZ 85255		
	(Principal office				-
17851 N.	85th Street, Suite 155, S	cot	tsdale, AZ 85255		_
	(Current mailing	g addi	ress)		
A 1 1		. <i>e</i>	. mustit mannaration may be incorr	aaratad	
8. Any and al	of corporation authorized in home state	or co	-profit corporation may be incorputty to be carried out in state of Plorida)	Joratea.	-
9. Name and street	address of Florida registered agent:	(P.O	. Box NOT acceptable)		
Name:	Corporation Service Com	par	γ		
Office Address:	1201 Hays Street		· .		
	Tallahassee		, Florida 32301 (Zip code)		
	(City)		(Zip code)		
designated in this of	ed as registered agent and to accept s application, I hereby accept the appo	ointr tes re	ce of process for the above stated corpora tent as registered agent and agree to act to clative to the proper and complete perforn sition as registered agent.	n this capa	icity. I
	Stephani	<u>k</u>	ASST UP 1/3/12	-	
	(Registered agent's signa	ture)			

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: Steven Hilton 17851 N. 85th Street, Suite 300 Scottsdale, AZ 85255 Vice Chairman: Address: Director: Larry Seay Address: __17851 N. 85th Street, Suite 300_____ Scottsdale, AZ 85255 Director: **B. OFFICERS** President: Mel Faraoni 17851 N. 85th Street, Suite 300 Address: Scottsdale, AZ 85255 Vice President: Steve Davis 17851 N. 85th Street, Suite 300 Scottsdale, AZ 85255 C. Timothy White Secretary: 17851 N. 85th Street, Suite 300, Scottsdale, AZ 85255 Address: Larry Seay Treasurer: 17851 N. 85th Street, Suite 300, Scottsdale, AZ 85255 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

14. Mel Faraoni, President

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CAREFREE TITLE AGENCY, INC. (file number 801502714), a Domestic For-Profit Corporation, was filed in this office on November 02, 2011.

It is further certified that the entity status in Texas is in existence.

FALED,

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SECRETARY OF STATE
TALLATINSSEE FROM THE

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 21, 2012.



Hope Andrade Secretary of State