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(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

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K. SALY
SEP 29 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANCELLOR TITLE AGENCY, INC.
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," or "Certificate of Good Standing" 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:

Roberto Abreu
Name of Person
Pinnacle Creative
Firm/Company
85 Broad Street, 16th Floor
Address
New York, NY. 10004
City/State and Zip code
clare.joaquin@ctalonline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Abreu at (860) 716-9865
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. CHANCELLOR TITLE AGENCY, INC.

(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. New Jersey 3. 22-3569370
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-17-1998 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. commence upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 59 Lincoln Avenue Fair Lawn, NJ. 07410
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

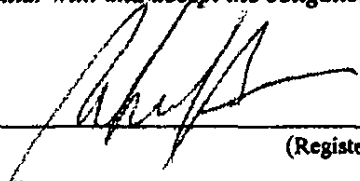
Name: United Corporate Services, Inc.

Office Address: 9200 South Dadeland Blvd. - Suite 508

Miami, Florida 33156
(City) (Zip code)

9. 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)

10. 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Joseph P. Buccl
Address: 59 Lincoln Avenue
Fair Lawn, NJ. 07410

Vice Chairman: David Granholm
Address: 59 Lincoln Avenue
Fair Lawn, NJ. 07410

Director: Clare S. Joaquin
Address: 59 Lincoln Avenue
Fair Lawn, NJ. 07410

Director: _____
Address: _____

B. OFFICERS

President: Joseph P. Buccl
Address: 59 Lincoln Avenue
Fair Lawn, NJ. 07410

Vice President: David Granholm
Address: 59 Lincoln Avenue
Fair Lawn, NJ. 07410

Secretary: _____
Address: _____
Treasurer: _____
Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Joseph P. Buccl - President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**CHANCELLOR TITLE AGENCY, INC.
0100735428**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 17, 1998.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2016

I further certify that the registered agent and office are:

JOSEPH P. BUCCI
59 LINCOLN AVENUE
FAIR LAWN, NJ 07410



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of July, 2016

Ford M. Scudder

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6072943694

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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TALLAHASSEE, FL 32310