

F230000003489

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

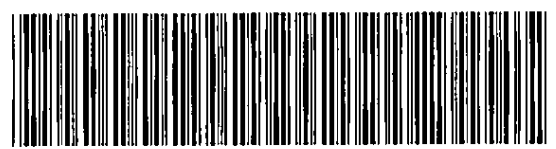
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JUN 13 PM 4: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W23-73498

NA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2023

JENNIFER CRITCHFIELD  
525 S. MAIN, SUITE 800  
TULSA, OK 74103 US

SUBJECT: AMERICAN EAGELE TITLE INSURANCE COMPANY  
Ref. Number: W23000073498

We have received your document for AMERICAN EAGELE TITLE INSURANCE COMPANY and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regularoty Specialist II

Letter Number: 323A00011705

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Eagle Title Insurance Company

\_\_\_\_\_  
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:

Jennifer Critchfield

\_\_\_\_\_  
Name of Person

Barber & Bartz

\_\_\_\_\_  
Firm/Company

525 S. Main, Suite 800

\_\_\_\_\_  
Address

Tulsa, OK 74103

\_\_\_\_\_  
City/State and Zip code

jeritchfield@barberbartz.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Critchfield

at ( 918 ) 599-7755

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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. American Eagle Title Insurance Company
(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. Oklahoma 3. 73-1463145
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 14, 1994 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 7306 S. Lewis Avenue, Tulsa, OK 74136
(Principal office street address)

7306 S. Lewis Avnuc, Tulsa, OK 74136
(Current mailing address, if different)

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

Name: Florida CFO Jimmy Patronis-Florida Department

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Randy J. Dittmann  
 Vice Chairman Address: 7306 S. Lewis Avenue  
 Director Tulsa, OK 74136  
 President  
 Vice President  
 Secretary  Treasurer  
 Other CEO  Other

Chairman Name: Christina Wooten  
 Vice Chairman Address: 421 NW 13th Street, Suite 320  
 Director Oklahoma City, OK 73103  
 President  
 Vice President  
 Secretary  Treasurer  
 Other CFO  Other

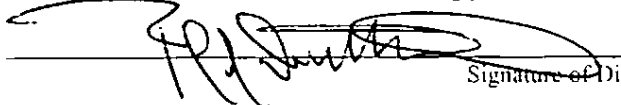
Chairman Name: Eric Offen  
 Vice Chairman Address: 421 NW 13th Street, Suite 320  
 Director Oklahoma City, OK 73103  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name:  
 Vice Chairman Address:  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name: Kristi French  
 Vice Chairman Address: 421 NW 13th Street, Suite 320  
 Director Oklahoma City, OK 73103  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name:  
 Vice Chairman Address:  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Randy J. Dittmann - CEO  
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING  
DOMESTIC FOR PROFIT CORPORATION INSURANCE**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that AMERICAN EAGLE TITLE INSURANCE COMPANY whose registered agent is BARBER & BARTZ, A PROFESSIONAL CORPORATION, with its registered office at 525 S. MAIN ST., SUITE 800 TULSA 74103 4511 USA Oklahoma is a Domestic For Profit Corporation Insurance duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 6th, day of March, 2023.*

*Boia Blugian*

*Secretary Of State*