

M03000003499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

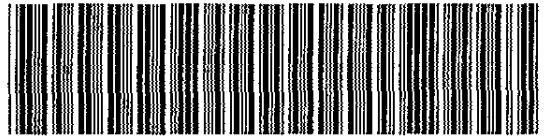
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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BK

DEPARTMENT OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
03 OCT 20 AM 11:14

FILED
03 OCT 20 PM 2:19
TALLAHASSEE, FLORIDA

CT CORPORATION

October 20, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
03 OCT 20 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5936513 WO
Customer Reference 1: 43313/1
Customer Reference 2: 43313/1

Dear Secretary of State, Florida:

Please file the attached:

Settlement Assistance Services, LLC (PA)
Registration
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

03 OCT 20 PM 2:19
FILED
TALLAHASSEE, FLORIDA

1. Settlement Assistance Services, LLC
(Name of foreign limited liability company)
2. Pennsylvania 3. 57-1178045
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 07/02/2003 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 345 Rouser Road, Bldg No 5, Coraopolis, PA 15108
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

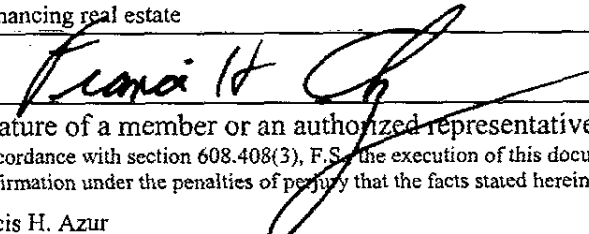
9. The name and usual business addresses of the managing members or managers are as follows:

SEE ATTACHMENT

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Marketing, evaluation and financing real estate



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Francis H. Azur

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Settlement Assistance Services, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL

33324

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

C T Corporation System

By:

KATH Kevin A. Sebastian, Asst. Secy.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SETTLEMENT ASSISTANCE SERVICES, LLC

345 ROUSER ROAD, BLDG NO. 5
CORAOPOLIS, PENNSYLVANIA 15108-4726

LISTING OF DESIGNATED MANAGERS/OFFICERS

| <u>NAME / ELECTED OFFICE</u> | <u>BUSINESS ADDRESS</u> | <u>HOME ADDRESS</u> |
|---|---|--|
| Francis H. Azur <i>Member of Management Committee</i> | 345 Rouser Road Coraopolis, PA 15108 | 111 Normandy Court Nevillewood, PA 15142 |
| Melanie B. Gefert CEO and <i>President</i> | 345 Rouser Road Coraopolis, PA 15108 | 506 Christopher Circle Pittsburgh, PA 15205 |
| Christopher F. Azur <i>Member of Management Committee</i> | 345 Rouser Road Coraopolis, PA 15108 | 4200 Muirfield Circle Nevillewood, PA 15142 |
| David G. Steinmetz <i>Secretary/Treasurer</i> | 345 Rouser Road Coraopolis, PA 15108 | 122 Jenny Lynn Drive Aliquippa, PA 15001 |

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

October 08, 2003

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

SETTLEMENT ASSISTANCE SERVICES, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein



IN TESTIMONY WHEREOF , I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Richard A. Coates
Secretary of the Commonwealth