	(Requestor's Name)				
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

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SECULIARIAS SEE, FLORIDA

W23-73498



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.

Letter Number: 323A00011705

Ariel Jones Regularoty Specialist II

### **COVER LETTER**

TO:	: Registration Section Division of Corporations						
SUBJ	ECT:	American Eagle Title Insura	nce Company				
0000		Name	of corporation	- must incl	ude suffix		
Dear S	ir or M	adam:					
"Certif	icate o	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to t	of Good Stand	fing" and c	heck are sub		
Please	rcturn	all correspondence concern	ing this matter	to the follo	owing:		
Jennife	r Critch	field					
			Name of I	erson			
Barber	& Bartz	:					
			Firm/Com	pany			
525 S. I	Main, S	uite 800					
			Addre	ss			
Tulsa, 0	OK 741	03					
			City/State an	ıd Zip code	·		
jeritehf	ield@ba	arberbartz.com					
		E-mail addres	s: (to be used for	or future ai	ınual report r	notification)	
For fur	ther in	formation concerning this r	natter, please ca	ıll:			
Jennife	r Critch	field	918 at (	599-775	5		
-	Nam	e of Person	Area Code		tytime Telep	hone Number	
	Regis Divis The C 2415	EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 nassee, FL 32303		R D P	MAILING A tegistration S Division of Co LO. Box 632' allahassee, F	ection orporations 7	
Please r	nake ch	check for the following am eck payable to: FLORIDA D ing Fee	EPARTMENT 1g Fee &		ling Fee &	☐ \$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.

American Eagle	Title Insurance Company			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavails	ble in Fiorida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)		
Oklahoma	3	73-1463145		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
October 14, 1994	4 5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
N/A				
·	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
, 7306 S. Lewis Av	enue, Tulsa, OK 74136			
7706 6 1		ce street address)		
/306 S. Lewis Av	venue, Tulsa, OK 74136	11 10 100		
	(Current maning	g address, if different)		
Name and stree	t address of Florida registered agent: (P.O.	. Box NOT acceptable)		
Name:	Florida CFO Jimmy Patronis-Florida Depart			
Office Address:	200 East Gaines Street			
ornee Hadress.	Tallahassee	— 32399 Elorida		
	(City)	, Florida 32399 (Zip code)		
Taving been nam lesignated in this further agree to co	application, I hereby accept the appointmomply with the provisions of all statutes re	ce of process for the above stated corporation at the place tent as registered agent and agree to act in this capacity. Elative to the proper and complete performance of my duti Sition as registered agent.		
	(Registered agent's sig	gnature)		
0 Au-ab-di-a-	partificate of existence duly authenticated	not more than 90 days prior to delivery of this application		

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

<sup>11.</sup> 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	□Chairman	Christina Wooten Name:  421 NW 13th Street, Suite 320 Address: Oklahoma City, OK 73103	
□ Vice Chairman	Address: 7306 S. Lewis Avenue	□Vice Chairman		
□Director	Tulsa, OK 74136	□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	□Secretary	□Treasurer	
CEO CEO	□Other	Other CFO	Other	
(Chriman	Eric Offen	□Chairman	Name	
□Chairman	421 NW 13th Street, Suite 320		Name:	
□Vice Chairman	Address:Oklahoma City, OK 73103	□ Vice Chairman		
Director		□Director		
President		□President		
!∃Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	□Other	Other	
FI Chairman	Kristi French	□Chairman	Name:	
	421 NW 13th Street, Suite 320		Address:	
Director	Oklahoma City, OK 73103	□Director		
□President		□President		
■ Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	□Other	Other	Other	
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department	nt of State Annual Re		
The officer or direct she is aware that fals.817.155, F.S.	Signature of Director of Signature of Director	r 11 above) affirms the ment of State constitu	nat the facts stated herein are true and that he or ites a third degree felony as provided for in	
13.	(Typed or printed name and capacity of perso	on 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.

Secretary Of State

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