

F00000002299

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: NORTHWEST TITLE AND ESCROW CORPORATION
(Name of corporation - must include suffix)

Dear Sir or Madam: 00789-00645-00701-00644-00671

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", 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:

DAVID J. FRIEDMAN 300003185763--1
(Name of Person) -03/27/00--01132--005
*****78.75 *****78.75
HOLSTAD AND KNAAK, P.L.C.
(Firm/Company) W-8406
3535 VADNAIS CENTER DRIVE, SUITE 130
(Address)
ST. PAUL, MN 55110
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

David J. Friedman at (651) 490-9078
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
HMM

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 29, 2000

DAVID J. FRIEDMAN
HOLSTAD AND KNAAK, P.L.C.
3535 VADNAIS CENTER DRIVE, SUITE 130
ST. PAUL, MN 55110

SUBJECT: NORTHWEST TITLE AND ESCROW CORPORATION
Ref. Number: W00000008406

We have received your document for NORTHWEST TITLE AND ESCROW CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 500A00017289

**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. Northwest Title and Escrow Corporation NORTHWEST TITLE AND ESCROW CORP.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Minnesota 3. 41-1455660
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 9, 1983 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. New application UPON qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3535 Vadnais Center Drive, Suite 130
St. Paul, MN 55110
(Current mailing address)

8. Land Title Services, Settlement Services, Title Insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10. 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.

X [Signature]
President of NWT (Registered agent's signature)

X Michelle R. Justesen, Asst.
Registered agent's signature Asst. Secy.
Michelle R. Justesen, Asst. Secy.

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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Wayne B. Holstad

Address: 3535 Vadnais Center Drive, Suite 130

St. Paul, MN 55110

Vice Chairman: Dale E. Jacobson

Address: 3535 Vadnais Center Drive, Suite 130

St. Paul, MN 55110

Director: _____

Address: _____

Director: Frank T. Griebenow

Address: 3535 Vadnais Center Drive, Suite 130

St. Paul, MN 55110

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

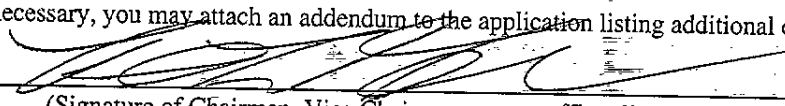
Address: _____

Treasurer: _____

Address: _____

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

13. X


(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Frank T. Griebenow, President

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

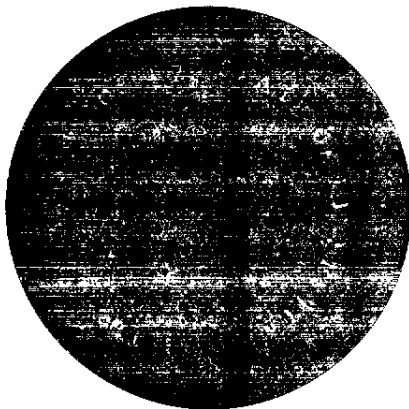
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: NORTHWEST TITLE AND ESCROW CORP.

Date Formed: 06/09/1983

Chapter Governed By: 302A

This certificate has been issued on 02/24/00.



Mary Kiffmeyer
Secretary of State.