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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 22, 2002

CSC

ATTN: SARA LEA

SUBJECT: HOMETOWN TITLE COMPANY

Ref. Number: W02000030423

RESUBMIT

Please give original submission date as file day

We have received your document for HOMETOWN TITLE COMPANY and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please note that this adopted name is for use in Florida only, and does not affect your filing in Delaware in any way. Please note that you are not allowed to form an adopted name by adding "Florida" or "of Florida" to your name, and you may wish to call the number below to check any name you'd like to adopt.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 902A00058411



Please give original submission date as file date.



ACCOUNT NO. : 072100000032 REFERENCE AUTHORIZATION COST LIMIT : \$ 78.75 ORDER DATE: October 17, 2002 ORDER TIME : 10:25 AM ORDER NO. : 785991-015 CUSTOMER NO: 41001A CUSTOMER: Ms. Deborah E. Walker The St. Joe Company Suite 400, Dupont Center W02-30423 1650 Prudential Drive Jacksonville, FL 32207 FOREIGN FILINGS NAME: HOMETOWN TITLE COMPANY XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Sara Lea -- EXT# 1114

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. Residentia	al Community Title Company		
(Name of corp	oration; must include the word "INCORPORATI		
	eviations of like import in language as will clearly or partnership if not so contained in the name at		
natural person	or parenership if not so committed in the name at	prosency	
2. <u>Delaware</u>		applied for	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 10-17	- 2002 5.	perpetual	
	ite of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. <u>upon quali</u>	ification		_
(Date first trans	sacted business in Florida. If corporation has not	transacted business in Florida, insert "upon qualification.")	
	(SEE SECTIONS 607.1501	, 607.1502 and 817.155, F.S.)	
7. 1650 Prude	ential Drive, Suite 400, Jacksonv	ille, Florida 32207	
	(Principal office add	ress)	
1650 Prude	ential Drive, Suite 400, Jacksonv	ille, Florida 32207	
	(Current mailing add	ress) =	
		02 Vis	n n
	l business under the laws of the		
(Purpose	e(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	27
9 Name and st	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)	
2. 1.u.2110 u.t.u. <u>2.</u>		(P.O. Box or Mail Drop Box NOT acceptable)	300 1-10
Name:	Lawrence Paine	<u></u>	12
000 411	1650 Dundaubiel Duine Cuite (0	, 5	<u> </u>
Office Address:	1650 Prudential Drive, Suite 40	<u> </u>	Ω
	Jacksonville	, Florida <u>32207</u>	
	(City)	(Zip code)	
10 Pagistared	agent's acceptance:		
		ice of process for the above stated corporation at the pla	ace
designated in th	is application, I hereby accept the appoint	ment as registered agent and agree to act in this capacit	
		relative to the proper and complete performance of my	
duties, and I an	n familiar with and accept the obligations of	f my position as registerea agent.	
	$\mathcal{A}/.$		
	Lawrence Paine		
	(Registered agent's s	(gnature)	

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 business addresses of officers and/or directors:

A. DIRECTORS							
Chairman: n/a						<u> </u>	 -
Address:					· 	<u> </u>	
- -			·			`	2 "
Vice Chairman: n/a				<u></u>			
Address:				······································	<u></u>		· i
Director: James D. Motta			<u> </u>	<u> </u>		*	> -
							
Address: 7900 Glades Roa							· 7
Director: John Baric							
Address: 7900 Glades Roa							·- 4 =
Address: 1500 Glades Roa	a, boca kacom,	1201144 5	<u> </u>				. .
B. OFFICERS						020	
President: John Baric					· · · -	<u>C</u>	26 957
Address: 7900 Glades Roa	d, Boca Raton,	Florida 3	3434	 		22	CAL
						72	55
Vice President: Renee' M. W	ilmot and Mark	c D. Lassma	ın	· · · · · · · · · · · · · · · · · · ·		مينية معن	5
Address: 7900 Glades Roa		*	•	;		~~~	Ť.
		 	<u> </u>			· · · · · · · · · · · · · · · · · · ·	 .
Secretary: Mark D. Lassman	<u> </u>						
Address: 7900 Glades Roa	d, Boca Raton,	Florida 3	3434				
Treasurer: Mark D. Lassma	n						
Address: 7900 Glades Roa	d, Boca Raton,	Florida 3	3434				- 433
NOTE: If necessary, you may	32						
(Signature of	Chairman, Vice Cl	hairman, or an	y officer liste	d in number	12 of the app	olication)	
14. Mark D. Lassman, Vi		# AV 4 MA					
Time	d or printed name	and conscitu (it nerean clan	mo anniscati	OR l		

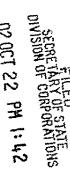
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESIDENTIAL COMMUNITY TITLE COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF NOVEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESIDENTIAL COMMUNITY TITLE COMPANY" WAS INCORPORATED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.





Darriet Smith Hindson

manifectional valuator, secretary or state

AUTHENTICATION: 2083969

DATE: 11-12-02

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