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SECRETARY OF STATE
TALL ALLARY SECRETARY

## TRANSMITTAL LETTER

To:

Qualification/Tax Lien Section

Division of Corporations					
SUBJECT: Continental I	the Agency Inc.				
(Name of corporat	ion - must include suffix)				
Dear Sir or Madam:	v				
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.					
Please return all correspondence concerning this matt	er to the following:				
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(Name o	of Person)				
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(Ad	dress) RATE				
Owings Mills	mo 2117				
(City/S	tate/Zip)				
	and the second s				
Should you need to call someone concerning this mat	ter, please call:				
·					
Laver Boxman at (410	1 (54-5567 Fut 315				
(Name of Person) (Area Code & Daytime Telephone Number)					
(C					
STREET ADDRESS:	MAILING ADDRESS:				
Qualification/Tax Lien Section	Qualification/Tax Lien Section				
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327				
Tallahassee, FL 32399	Tallahassee, FL 32314				
Enclosed is a check for the following amount:					
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy				

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
Continental Title, Associa Toc.
(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 Maryand 3 30-0063733
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
6. Not (As It
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
, 10009 Red Run 1811d. Ste 207
Quinas mills, ma auto
(Current mailing address)
to issue time insurance me m
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) $\mathbb{R} \subseteq \mathbb{R}$
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 S. Pine 151 and 12000
Plantation, Florida, 33324 (Zip code)
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 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 acce
the obligations of my position as registered agent.  BABARA A. BURKE SPECIAL ASSISTANT SECRETARY
(Registered agent's signature)
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

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

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	· .
Chairman:	
Address:	
· · · · · · · · · · · · · · · · · · ·	
Vice Chairman:	
Address:	
Director: Millard S. Ruberstein	
Address: 3410 Philips Drive	
Baltimore, maryland 212	308
Director:	
Address:	
	% T
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	ECRE W
President: Millard S. Ruberstein	HAR 2
Address: 3410 Philips Dive	
Baltimore, margad 21208	T STA
Vice President: Laven Rubertstein	A 4.9
Address: 2715 Quarry Heights Way	1
basinore, Wangland 21209	<u> </u>
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additiona	l officers and/or directors.
13. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_
(Signature of Chairman, Vice Chairman, or any officer listed in numb	10
14. (Typed or printed name and capacity of person sign	ing application)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CONTINENTAL TITLE AGENCY, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND BALTIMORE ON THIS MARCH 18, 2003.

HAR 28 AN ID: 19

Paul B. Anderson Charter Division

Faul B. Undance

