

Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0393

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

FOREIGN PROFIT QUALIFICATION**AMERICAN TITLE AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 7, 2003

BLUMBERG/EXCELSIOR CORPORATE SERVICES

SUBJECT: AMERICAN TITLE AGENCY, INC.
REF: W03000032949

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The entity's date of incorporation/organization must be listed in the document.

You must list a corporate suffix for the alternate name.

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) 245-6025.

Trevor Brumbley
Document SpecialistFAX Aud. #: E03000312276
Letter Number: 503A00060877

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APPROVED
AND
FILED

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**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. AMERICAN TITLE AGENCY, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
EASY-CLOSE.COM CORP.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW YORK 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/30/2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.133, F.S.)
7. 350 MOTOR PARKWAY, STE 210, HAUPPAUGE, NY 11788
(Principal office address)
SAME AS THE ABOVE
(Current mailing address)
8. SETTLEMENT COMPANY
(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: STEVE SHERMAN
Office Address: 3200 N. FEDERAL HWY, STE 122
BOCA RATON, Florida 33431
(City) (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 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

(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 of which it is incorporated.

12. Names and business addresses of officers and/or directors:

BLUMBERG EXCELSIOR

62 WHITE ST

800-221-2972

X575

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: JOHN FARACCOAddress: 350 MOTOR PARKWAY, STE 210, HAUPAUGGE, NY 11788Director: WILLIAM ALVAROAddress: 350 MOTOR PARKWAY, STE 210, HAUPAUGGE, NY 11788**B. OFFICERS**President: AND CHIEF OPERATING OFFICER JOHN FARACCOAddress: 350 MOTOR PARKWAY, STE 210, HAUPAUGGE, NY 11788Vice President: WILLIAM ALVAROAddress: 350 MOTOR PARKWAY, STE 210, HAUPAUGGE, NY 11788

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)14. JOHN FARACCO, PRESIDENT
(Typed or printed name and capacity of person signing application)

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**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of AMERICAN TITLE AGENCY, INC. was filed on 04/30/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 05th day of November
two thousand and three.

Secretary of State

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