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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

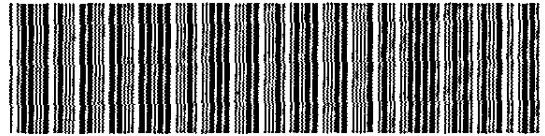
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 31 PM 3:12

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OXFORD SETTLEMENT SERVICES, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

LAUREL H. BUCKMAN

(Name of Person)

C/O RESOURCE TITLE, LLC

(Firm/Company)

300 RED BROOK BLVD., STE. #300,

(Address)

OWINGS MILLS, MARYLAND 21117

(City/State and Zip code)

For further information concerning this matter, please call:

LAUREL H. BUCKMAN

(Name of Person)

at (410)

654-5550 EXT. 280

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

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DIVISION OF CORPORATIONS
04 MAR 31 PM 3:13

**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. OXFORD SETTLEMENT SERVICES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MARYLAND

(State or country under the law of which it is incorporated)

3. 20-0094764

(FEI number, if applicable)

4. 07/17/03

(Date of incorporation)

5. PERPETUAL

(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 817.155, F.S.)

7. 300 RED BROOK BOULEVARD, SUITE 300

(Principal office address)

OWINGS MILLS, MARYLAND 21117

(Current mailing address)

8. TITLE INSURANCE AGENCY

(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

(City)

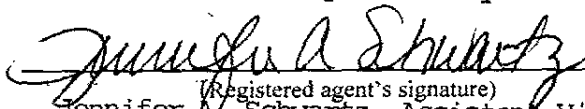
Florida **33324**

(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 in this application, I hereby accept the appointment as registered agent and agree to act in this capacity,
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.*

CT Corporation System



(Registered agent's signature)

Jennifer A. Schwartz, Assistant Vice President

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:

04 MAR 3 13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **MILLARD S. RUBENSTEIN**

Address: **300 RED BROOK BLVD., STE. #300,**

OWINGS MILLS, MARYLAND 21117

Director: _____

Address: _____

B. OFFICERS

President: **MILLARD S. RUBENSTEIN**

Address: **300 RED RUN BOULEVARD, STE. 300**

OWINGS MILLS, MARYLAND 21117

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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DIVISION OF CORPORATIONS
04 MAR 31 PM 3:18

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. **MILLARD S. RUBENSTEIN, PRESIDENT**

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



**State Department of Assessments and Taxation
Certificate of Status System**

What this system does:

This system will allow you to print an official Certificate of Status from SDAT. You can also choose to have a paper certificate and up to ten paper copies of the same certificate mailed to you the next business day. You can also verify the authenticity of a certificate using the "Verify Certificate" link in the left margin.

Your Progress:

- Department ID
- Certificate
- Type
- Items Ordered
- Ordering
- Information
- Payment
- Order
- Confirmation

What is not available on this system:

Certificates of Status are not available for trade names, name reservations, sole proprietorships, government entities and some other accounts.

What it costs to use this system:

The fee for the Internet Expedited Certificate is \$40.00. This option allows you to print from your printer an official certificate and as many copies as needed. But if you'd prefer, you can have the certificate mailed to you by SDAT. The fee for the mailed expedited certificate is \$40.00 for the first copy and \$1.00 for each additional copy.

What you need to use the system:

1. The Department ID number for the entity;
2. A MasterCard or Visa credit card; and
3. **Netscape users:** When you receive your confirmation page, please write down the reference numbers for your records.

Links:

- Help
- Acrobat Reader
- Test
- Verify Certificate
- Find a
- Department ID #
- SDATHome

If you experience difficulties using this website, it is recommended that you download and install the latest version of your internet browser.

To download the latest version of Internet Explorer, click here.

To download the latest version of Netscape, click here.

How do you begin to use the system:

First time users should review the information in our help file. Click on "Help" in the left margin. Enter the Department ID and click on "Get Certificate". If you do not have the Department ID number, click on "Find a Department ID Number" in the left margin.

Enter the department ID for your business:

Example: D00000000

D07478506


Get Certificate

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 OXFORD SETTLEMENT SERVICES, 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 THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 22, 2004.



Paul B. Anderson
Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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