

F04000002332

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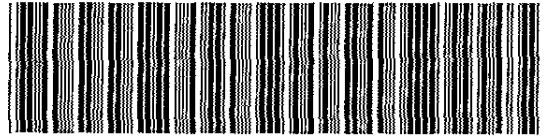
Special Instructions to Filing Officer:

Call when  
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Theresa

222-6580

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04/23/04--01029--U12 \*\*87.50

RECEIVED

04 APR 23 AM 11:26

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

04 APR 29 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BR



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 23, 2004

H.B. STIVERS  
LEVINE & STIVERS  
245 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301

SUBJECT: FIRST NATIONAL TITLE INC.  
Ref. Number: W04000015852

04 APR 29 AM 11:35  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FIRST NATIONAL TITLE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$87.50 payment.,

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 504A00027049

**LEVINE  
STIVERS  
& MYERS**  
LAWYERS &  
MEDIATION SERVICES

**MARK S. LEVINE**  
Certified Circuit Civil Mediator

**H.B. STIVERS**  
Certified Circuit Civil Mediator

**R. FRANK MYERS**

**GERALD A. LEWIS**  
*of Counsel*  
Certified Circuit Civil Mediator

**\*DONN A. CLENDENON**  
*of Counsel*  
\*Admitted in Ohio

April 28, 2004

Buck Kohr, Document Specialist  
Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Via Hand Delivery

Re: First National Title, Inc.  
Letter #504A00027049

Dear Mr. Kohr:

This letter is in response to your letter number 504A00027049 dated April 23, 2004, a copy of which is enclosed.

Pursuant to the letter, First National Title, Inc., a Maryland corporation has adopted the name of First National Title & Escrow Company for use in Florida as is set forth on the enclosed Application By Foreign Corporation For Authorization To Transact Business In Florida. In reviewing the Division's records via the internet, it appears that this name is available for use.

Once the application has been approved, please have someone contact our office and the documents will be picked up.

Thank you for your assistance in this matter.

Sincerely,



H.B. Stivers

Enclosures

Cc: First National Title

**FILED**  
04 APR 29 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FIRST NATIONAL TITLE, 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:

H.B. STIVERS

(Name of Person)

LEVINE & STIVERS

(Firm/Company)

245 EAST VIRGINIA STREET

(Address)

TALLAHASSEE, FL 32301

(City/State and Zip code)

For further information concerning this matter, please call:

H.B. STIVERS

(Name of Person)

at ( 850 ) 222-6580

(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:

- ☐ \$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

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04 APR 29 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. **FIRST NATIONAL TITLE INSURANCE AGENCY, INC.**

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

**FIRST NATIONAL TITLE & ESCROW COMPANY**

(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. **52-2316379**

(FEI number, if applicable)

4. **MAY 2001**

(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. **2014-A Industrial Drive, Annapolis, MD 21401**

(Principal office address)

**SAME AS ABOVE**

(Current mailing address)

8. **TITLE INSURANCE AND ANY OTHER LAWFUL PURPOSE**

(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: **H.B. STIVERS**

Office Address: **245 EAST VIRGINIA STREET**

**TALLAHASSEE**

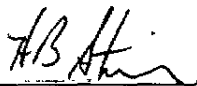
(City)

, Florida **32301**

(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.*

  
(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:**

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SECRETARY OF STATE  
FLORIDA

**A. DIRECTORS**

Chairman: **Susan M. Ruberg**

Address: **2014 - A Industrial Drive**

**Annapolis, MD 21401**

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: **Crisy Burns**

Address: **2014 - A Industrial Drive**

**Annapolis, MD 21401**

Vice President: **Chad Smith**

Address: **2014 - A Industrial Drive**

**Annapolis, MD 21401**

Secretary: **Crisy Burns**

Address: **2014 - A Industrial Drive, Annapolis, MD 21401**

Treasurer: **Chad Smith**

Address: **2014 - A Industrial Drive, Annapolis, MD 21401**

**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. \_\_\_\_\_

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

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

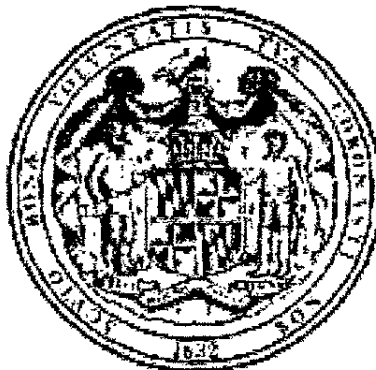
I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN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

I FURTHER CERTIFY THAT FIRST NATIONAL TITLE INSURANCE 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 THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 06, 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**