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TRANSMITTAL LETTER

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SUBJECT:	Biloxi La	and Title Insuran	ce, Inc.		
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Dear Sir or Ma	adam:				
	Existence", a	nd check are submitted	for Authorization to Transact to register the above reference		to
Please return a	all correspond	ence concerning this ma	tter to the following:		
<u> </u>	llis, Sr		<u> </u>	<u></u>	
		· (Namo	e of Person)		
HE E	lis, Sr.,	PA			
		(Firm	(Company)		
125 Rue	Magnolia		5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	<u> </u>	
٠		(A	Address)		
Biloxi.	MS 39530		<u> </u>		• 4 . • . • . • . • . • . • . • . • . • .
		(City/Sta	ate and Zip code)		
For further in	formation con	cerning this matter, plea	se call:		
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H E. E	lis. Sr.	at (<u>228</u>) 432-5588		era Maria di Luc
(Nan	ne of Person)	(Ai	rea Code & Daytime Telephor	ne Number)	EO 🛠
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STREET AL Registration S Division of C	Section Corporations		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327	•	JUN-7 FILES
409 E. Gaine Tallahassee, l			Tallahassee, FL 32314	* <u>-</u>	· 🚊
		following amount:		. •	
🗇 \$70.00 Fil	ling Fee 🛚 🗆	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee Certificate of Sta Certified Copy	



June 1, 2004

H E ELLIS, SR H E ELLIS, SR, PA 125 RUE MAGNOLIA BILOXI, MS 39530

SUBJECT: H E ELLIS, SR, PA Ref. Number: W04000021107

We have received your document for H E ELLIS, SR, PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to have a DBA, you must complete the enclosed fictitious name application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 704A00037720

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. H.E. Ellis, Sr., P. A. d/b/a Biloxi Land Title Insurance. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") H E Ellis, Sr., P A d/b/a Biloxi Land Titles Inc (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual (Date of incorporation) 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.) MS 39530 125 Rue Magnolia, Biloxi, (Principal office address) 125 Rue Magnolia, Biloxi, MS 39530 (Current mailing address) 8. Any and all lawful business (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) Office Address: 41 North Jefferson Street, Suite 400 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:

A. DIREC	TORS							
Chairman: _			<u> </u>		<u> </u>	<u></u>		2
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NOTE: I	f necessary, you may attach a	n addendum	to the applicat	ion listing ad	ditional offic	ers and/or o	lirectors.	
13	(Signature of Director of	or Officer lief	tad in number	12 of the ann	lication)	<u>, , , , , , , , , , , , , , , , , , , </u>		
	H E. ELLIS, SR , F		ica in gamber	12 or me app		,		
14	(Typed or print		capacity of p	erson signing		<u>' </u>		

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Missisppi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on July 7, 1998, the State of Mississippi issued a Charter/Certificate of Authority to:

H. E. ELLIS, SR., P.A.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

SEL OF SELECTION O

Given under my hand and seal of office May 17, 2004

Tric Clark

ERIC CLARK Secretary of State

Certification Number: 6421438-1 Page 1 of 1 Reference: (jd) Mary Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify