# F04000005132

(Req	uestor's Name)	
(Add	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doct	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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# CHELSEA SETTLEMENT SERVICES, INC.

Phone: (717) 731-9700 • Toll Free: (877) 731-9700 Fax: (717) 731-7282 • Toll Free Fax (877) 731-7282

Tuesday, August 24, 2004

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

Dear Sir or Madam:

Enclosed please find the Transmittal Letter, the Application by Foreign Corporation for Authorization to Transact Business in Florida and Absolutes Settlement Services, Inc. certificate of good standing from the Secretary of the Commonwealth of Pennsylvania.

Also enclosed is a check in the amount of \$87.50 for the Filing Fee, Certificate of Status and Certified Copy.

If you have any questions regarding the application please contact me at the above listed phone or fax number.

Singerely

Debra A. Micklo, Paralegal

**Enclosures** 

#### TRANSMITTAL LETTER

	stration Section sion of Corporations		
SUBJECT:	Absolute Settlement Services, Incorporate	ed	
5020201.		n - must include suffix)	
Dear Sir or M	fadam:		
"Certificate of	"Application by Foreign Corporation for A few		
Please return	all correspondence concerning this matter	to the following:	
John N. Papo	outsis, Esquire		
	(Name of	Person)	
Absolute Sett	tlement Services, Incorporated		
	(Firm/Con	npany)	
3800 Market	Street		
	(Addre	ess)	
Camp Hill, PA	A 17011		
<u>.                                 </u>	(City/State a	nd Zip code)	· · · · · · · · · · · · · · · · · · ·
For further in	formation concerning this matter, please ca	d1:	
John N. Papo	outsis at ( 717	731-9700	
(Nam	ne of Person) (Area C	ode & Daytime Telephone	Number)
	EET ADDRESS: stration Section	MAILING ADDE Registration Section	
	tion of Corporations	Division of Corpo	
409 E	E. Gaines St.	P.O. Box 6327	
Tallah	hassee, FL 32399	Tallahassee, FL 3	2314
Enclosed is a	check for the following amount:		
□ \$70.00 Fili	ing Fee  \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

### 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.	Absolute Settle	ement Services, Inc.					
-	(Enter name of c	corporation; must include "INCORPORAT corp," "Inc," "Co," or "Corp.")	ED	," "COMPANY," "CORPORATION,"			
	Of name unavail	able in Florida, enter alternate cornorate n	ame	adopted for the purpose of transacting business in	Florid		
		able in Florida, onto and index of polace is			1 10110	,	
	Pennsylvania	under the law of which it is incorporated)	_ 3.	20-1370613 (FEI number, if applicable)			
		and of which it is mostportated,	_	•			
4.	June 15, 2004	of incorporation)	5.	Perpetual (Duration: Year corp. will cease to exist or "per	netual	")	
		• ,		(Smarton, 1 car corp. win coase to exist of per	potuar	,	
6.	Upon qualifica		ess	in Florida, if prior to registration)			
				502, F.S., to determine penalty liability)			
7.	3800 Market St	reet, Camp Hill, PA 17011					
•		(Principal office	ado	iress)			
	Same as Above	•					
		(Current mailing	ado	iress)			
	Deal Catata Da			Ž.	<u>-</u>	40	
8.	Real Estate Se		or c	ountry to be carried out in state of Florida)	न हो। जन्म	<del>SS</del>	-17
	, ,	· -				P -2	
9.	Name and stree	et address of Florida registered agent:	(P,0	O. Box NOT acceptable)	⊊., -44		! !
	Name:	Patty O'Rourke				골	
Ω	ffice Address:	3820 SW 59 Terrace				**	
O,	nice Address:			<del></del>	55		
		Davie		, Florida 33314			
		(City)		(Zip code)			
10	. Registered as	gent's acceptance:					
H	aving been nam	ed as registered agent and to accept s		ice of process for the above stated corporation			
				ment as registered agent and agree to act in t Adative to the proper and complete performa			
an	d I am familiar	with and accept the obligations of my	po	ostion as registered agent.	ice oj		********
				/			
		Tattu (X)	L.	<i>D.</i> .			
	_						
		(Registered agent's signature	ure	l,			

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:

. DIRE	
hairman:	N/A
ddress: _	
ica Chair	nan:
ddress: _	
irector: _	
ddress: _	
_	
irector: _	
<b>.</b>	
. OFFI	CERS
esident:	David A. Bayne
	172 Ironwood Drive
	Cecil Township, PA 15317
ce Presid	lent: Peter J. Russo
	Shoff Court
	Mechanicsburg, PA 17055
oretary.	
ddress: _	
easurer:	
ddress: _	
OTELL	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
3	(Signature of Director or Officer listed in number 12 of the application)
D-4-	(Signature of Director of Officer Instead in Humber 12 of the application)

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

## COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

August 12, 2004

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### ABSOLUTE SETTLEMENT SERVICES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

dboyer