F04000006895

| (Requestor's Name) | |
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| (Address) | — |
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| (City/State/Zip/Phone #) | |
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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | — |
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| (Document Number) | _ |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

TRANSMITTAL LETTER

| | tion Section of Corporations |
|---|--|
| SUBJECT: _ | Trident Title Agency, Inc. |
| _ | (Name of corporation - must include suffix) |
| Dear Sir or Mada | am: |
| The enclosed "A "Certificate of E transact business | pplication by Foreign Corporation for Authorization to Transact Business in Florida," xistence," and check are submitted to register the above referenced foreign corporation to in Florida. |
| Please return all | correspondence concerning this matter to the following: |
| 5 | Steven P. Connolly |
| | (Name of Person) |
| ı | Trident Title Agency, Inc. |
| | (Firm/Company) |
| 1 | 000 South Cleveland-Massillon Road, Suite 12 |
| | (Address) |
| A | Akron, Ohio 44333 |
| | (Cîty/State and Zip code) |
| For further infor | mation concerning this matter, please call: |
| Steven P. C | Connolly at (330) 665-3200 |
| (Name | of Person) (Area Code & Daytime Telephone Number) LEC NOV 24 TADDRESS: MAILING ADDRESS: F.O. P. |
| Registra Divisior 409 E. C | T ADDRESS: MAILING ADDRESS: tion Section n of Corporations Gaines St. See, FL 32399 A Mail of 665-3200 (Area Code & Daytime Telephone Number) Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a ch | eck for the following amount: |
| □ \$70.00 Filing | Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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.

| "Inc.," "Co.," "Cot | p," "Inc," "Co," or "Corp.") | RATED," "COMPANY," "CORPORATION," |
|--|---|--|
| | | |
| (If name unavailab | ale in Florida, enter alternate cornor | ate name adopted for the purpose of transacting business in Florida) |
| | ne in Fiorida, enter anomate corpora | are name adopted for the purpose of transacting dusiness in Profita) |
| . Ohio | F # F 0 1:1::: | 3. <u>34–1801619</u> |
| (State or country u | nder the law of which it is incorpora | ated) (FEI number, if applicable) |
| November | | 5. perpetual |
| (Date o | of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") |
| • | | |
| - | | ousiness in Florida, if prior to registration) |
| | (SEE SECTIONS 607.1501 | & 607.1502, F.S., to determine penalty liability) |
| 3551 Bon1 | ta Bay Blvd., Bonita S | |
| | (Principal o | office address) |
| 1000 Sout | h Cleveland-Massillon Re | d., Suite 12 Akron, Ohio 44333 |
| | (Current ma | ailing address) |
| | | |
| • | te Title Insurance Agent | |
| (Purpose(s) | of corporation authorized in home s | state or country to be carried out in state of Florida) |
| . Name and street | address of Florida registered age | ent: (P.O. Box NOT acceptable) |
| | addicas of Fiorida registered age | |
| | Daniel F. McAnallen | |
| Name: | Daniel F. McAnallen | |
| | | , Suite 100 ACC |
| Name: | Daniel F. McAnallen 3551 Bonita Bay Blvd. | Suite 100 Page 100 Pa |
| Name: | Daniel F. McAnallen | , Suite 100 |
| Name: | Daniel F. McAnallen 3551 Bonita Bay Blvd., Bonita Springs. (City) | , Florida 34134 CZip code) CCRETARY AHASSET |
| Name: Office Address: 0. Registered age | Daniel F. McAnallen 3551 Bonita Bay Blvd., Bonita Springs, (City) ent's acceptance: | |
| Name: Office Address: O. Registered ages | Bonita Springs. (City) ent's acceptance: d as registered agent and to acceptance | ept service of process for the above stated corporation at the pla |
| Name: Office Address: Bonita Springs. (City) ent's acceptance: d as registered agent and to acceptance agent and to acceptance, and to acceptance agent and to acceptance agent and to acceptance agent and to accept the agent with the provisions of all st | ept service of process for the above stated corporation at the pla appointment as registered agent and agree to acculations capacity tatutes relative to the proper and complete performance of my di |
| Name: Office Address: Bonita Springs. (City) ent's acceptance: d as registered agent and to acceptance agent and to acceptance, and to acceptance agent and to acceptance agent and to acceptance agent and to accept the agent with the provisions of all st | ept service of process for the above stated corporation at the pla appointment as registered agent and agree to accidents capacity |
| Name: Office Address: Bonita Springs. (City) ent's acceptance: d as registered agent and to acceptance agent and to acceptance, and to acceptance agent and to acceptance agent and to acceptance agent and to accept the agent with the provisions of all st | ept service of process for the above stated corporation at the pla appointment as registered agent and agree to acculations capacity tatutes relative to the proper and complete performance of my di |
| Name: Office Address: ORegistered age I aving been name as a signated in this a surther agree to con | Bonita Springs. (City) ent's acceptance: d as registered agent and to acceptance agent and to acceptance, and to acceptance agent and to acceptance agent and to acceptance agent and to accept the agent with the provisions of all st | ept service of process for the above stated corporation at the pla appointment as registered agent and agree to accurate his capacity tatutes relative to the proper and complete performance of my di |

- 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. DIRECT | |
|----------------|---|
| Chairman: | Steven P Connolly |
| Address: | 1000 South Cleveland-Massillon Rd., Suite 12, Akron, Ohio 44333 |
| | |
| Vice Chairman | l |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| B. OFFICE | RS |
| President: | Steven P Connolly |
| Address: | |
| | |
| Vice President | |
| | |
| | |
| Secretary: | |
| | A A SA |
| | FLO |
| | |
| | |
| NOTE: If no | ecessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13 | (Six to Six to Office line time to 12 february linesian) |
| | (Signature of Director or Officer listed in number 12 of the application) |
| 14 | Steven P. Connolly, President (Typed or printed name and capacity of person signing application) |

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show TRIDENT TITLE AGENCY, INC., an Ohio corporation, Charter No. 857357, having its principal location in Cincinnati, County of Hamilton, was incorporated on November 04, 1993 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of November, A.D. 2004

Ohio Secretary of State

Validation Number: V2004327N4CD94