

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000140739 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

This is a  
resend from

6-6-05.

Still haven't received  
evidence.

Thanks!

## FOREIGN PROFIT QUALIFICATION

## Equity National Title Insurance Company

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN -6 AM 8:53

FILED

Electronic Filing Menu

Corporate Filing

Public Access Menu

5p

ur  
06/10

# 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. Equity National Title Insurance Company

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

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

2. Massachusetts

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

3. 20-2087138

(FBI number, if applicable)

4. 12/16/2004

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 06/01/2005

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 140 Wood Road, Bixintree, MA 02184

(Principal office address)

same

(Current mailing address)

8. Title insurance and real estate settlement services

(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (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.

CT Corporation System

By: Connie Bryan Special Asst. Sec.  
(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:

FILED  
05 JUN -6 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS SEE ATTACHMENT**

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

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

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

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

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

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS SEE ATTACHMENT**President: James K. O'DonnellAddress: 140 Wood RoadBraintree, MA 02184

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Secretary: Deanna M. RoyAddress: 140 Wood Road Braintree, MA 02184Treasurer: Robert BarberAddress: 140 Wood Road Braintree, MA 02184

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. Deanna M. Roy, Secretary

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

**FILED**  
05 JUN -6 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Attachment

Page 1 of 1

Attachment to Florida  
**Officers & Directors**

- 
- |    |                   |                    |
|----|-------------------|--------------------|
| 1. | Full Name:        | James K. O'Donnell |
|    | Officer/Director: | Officer, Director  |
|    | Officer's Title:  | President          |
|    | Business Address: | 140 Wood Road      |
|    | City:             | Braintree          |
|    | State:            | MA                 |
|    | ZIP Code:         | 02184              |
| 2. | Full Name:        | Robert Barber      |
|    | Officer/Director: | Officer            |
|    | Officer's Title:  | Treasurer          |
|    | Business Address: | 140 Wood Road      |
|    | City:             | Braintree          |
|    | State:            | MA                 |
|    | ZIP Code:         | 02184              |
| 3. | Full Name:        | Deanna M. Roy      |
|    | Officer/Director: | Officer            |
|    | Officer's Title:  | Secretary          |
|    | Business Address: | 140 Wood Road      |
|    | City:             | Braintree          |
|    | State:            | MA                 |
|    | ZIP Code:         | 02184              |
| 4. | Full Name:        | Nicholas Simeone   |
|    | Officer/Director: | Director           |
|    | Officer's Title:  |                    |
|    | Business Address: | 140 Wood Road      |
|    | City:             | Braintree          |
|    | State:            | MA                 |
|    | ZIP Code:         | 02184              |
| 5. | Full Name:        | Albert Pereira     |
|    | Officer/Director: | Director           |
|    | Officer's Title:  |                    |
|    | Business Address: | 140 Wood Road      |
|    | City:             | Braintree          |
|    | State:            | MA                 |
|    | ZIP Code:         | 02184              |
| 6. | Full Name:        | David Bakst        |
|    | Officer/Director: | Director           |
|    | Officer's Title:  |                    |
|    | Business Address: | 140 Wood Road      |
|    | City:             | Braintree          |
|    | State:            | MA                 |
|    | ZIP Code:         | 02184              |

FILED  
05 JUN -6 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

May 10, 2005

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

**EQUITY NATIONAL TITLE INSURANCE COMPANY**

is a domestic corporation organized on December 16, 2004, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

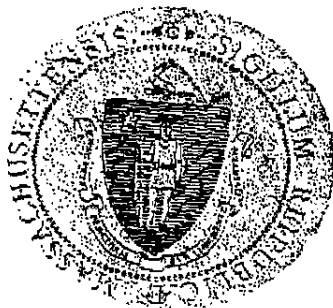
FILED  
05 JUN -6 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.



*William Francis Galvin*  
Secretary of the Commonwealth