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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROYAL SETTLEMENT SERVICES, 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:
GERALD INFANTINO
(Name of Person)
ROYAL SETTLEMENT SERVICES, TAK. (Firm/Company)
6085 MARSHALEE DRIVE SUITE 210 (Address)
ELVRIDGE MD 21075 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (800) 591-1099 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 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 \$\ \tag{S78.75 Filing Fee & Certificate of Status}\$\$ \$78.75 Filing Fee & Certificate of Status & 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.

ROVAL

1. ROYAL	SETTLEMENT SERVICES, INC.	
(Enter name of corp	poration; must include "INCORPORATED," "COMPANY," "CORPORATION," p," "Inc," "Co," or "Corp.")	
,,	p, me, 00, 0. 001p.)	
_		
(If name unavailab	le in Florida, enter alternate corporate name adopted for the purpose of transacting b	ousiness in Florida)
2. MARYL	AND 3. 20-2681886	
(State or country un	AND 3. Zo-2681886 (FEI number, if applica	ible)
4. APRIL	13, 2005 fincorporation) 5. PERPETUAL (Duration: Year corp. will cease to ex	
(Date of	f incorporation) (Duration: Year corp. will cease to ex	ist or "perpetual")
6. UPON G	QUALTACATION	<u> </u>
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7 bose MA		
/. <u> </u>	(Principal office address)	21013
SME		
	(Current mailing address)	
· Macria C	E CET 1511 F 1001107 000100	
	FE SETTLEMENT SPRVICES PROVIDER of corporation authorized in home state or country to be carried out in state of Florid	(a)
	•	05 SE TA:
	address of Florida registered agent: (P.O. Box NOT acceptable)	S
Name:	NRAI SERVICES, INC.	EP 15 PM L
Office Address:	526 ENST PARK AVENUE	S
	TALLAHAGE Elouido 32301	PH +: 21
-	TALLA HASE , Florida 32301 (Zip code)	
10. Registered ager		DA 24
	nt's acceptance. I as registered agent and to accept service of process for the above stated co	prporation 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.

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. DIRECTORS
Chairman: GERALD INFANTIND
Address: 6085 MARSHALEE ORIVE SUITE 210
BURIOGE MO 31075
Vice Chairman: CHRISTOPHER TNFANTINO
Address: 6085 MARSHALEE DAVE SUITE 210
ELKRIDGE MD 2675
Director: STEVEN VANORISILT
Address: 6085 MARSHATEE DRIVE
BURIDGE MD 20075
Director:
Address:
B. OFFICERS
President: GRAD INTANDNO
Address: 6085 MARSMATLE DRIVE, SUITE 210
ELKRIDGE MD 2075
Vice President: STEVEN WANDERSILT
Address: 6086 MARSHALDE DRIVE SUITE 210
PURIOGE MO 2/075
Secretary: CHRISTOPHER INANTIND
Address: 6085 MARSHMEE DRIVE, SUITE 210, PLYRIDGE, MD 21075
Treasurer:
Address:
NOTE: If necessary you may attack 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. GERATO TANANTHO PRESIDENT (Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. 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 ROYAL SETTLEMENT SERVICES, 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 SEPTEMBER 13, 2005.

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