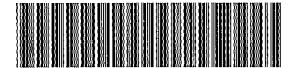
# 206000001101

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasilose Line)				
(Document Number)				
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Cartification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY IF WATER

# DIVISION OF OF STATE OF FEB 20 PM 4: 16

#### TRANSMITTAL LETTER

	Registration Section Division of Corporations	· 17 L
SUBJE	ECT: RES/TITLE, INC. (Name of corporation -	must include suffix)
Dear Sir	ir or Madam:	
"Certific	closed "Application by Foreign Corporation for Auticate of Existence", and check are submitted to regist business in Florida.	
Please re	return all correspondence concerning this matter to	the following:
Jan	ames V. Paolino	
•	(Name of Pe	rson)
RE	ES/TITLE, INC.	
	(Firm/Comp	any)
51	l Jefferson Boulevard	
	(Address	9)
Wa	arwick, RI 02888	
	(City/State and	Zip code)
For furt	ther information concerning this matter, please call:	:
Ja	ames V. Paolino at (401)	461-9084
	(Name of Person) (Area Coo	461-9084 de & Daytime Telephone Number)
Registra Division 409 E. C	ration Section Ron of Corporations Caines St. P	AAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314
Enclose	ed is a check for the following amount:	
<b>5</b> \$70.0		78.75 Filing Fee & <b>©</b> \$87.50 Filing Fee, Certified Copy 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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unav	ailable in Florida, enter alternate o	corporate name adopted for the purpose of transacting business in	
	and a little and and and and	corporate name adopted for the purpose of transacting business in	Florida)
Rhode I	sland y under the law of which it is inc	3. <u>04-3229882</u>	
(State or count	y under the law of which it is inc	orporated) (FEI number, if applicable)	
Februar	y 15, 2006	5. <u>perpetual</u>	
	ite of incorporation)	(Duration: Year corp. will cease to exist or "per	petual")
unon au	alification		
		poration has not transacted business in Florida, insert "upon qualit	fication "
(Date Inst dans		ONS 607.1501, 607.1502 and 817.155, F.S.)	ication. )
51 Jeff	erson Boulevard, Warw	ick, RI 02888_	·
	(Princ	office address)	
51 Jeff	erson Boulevard, Warw		
	(Curr	ent mailing address)	
Real Es	tate Closings.		
	tate Closings. c(s) of corporation authorized in h	nome state or country to be carried out in state of Florida)	·
(Purpos	e(s) of corporation authorized in h	,	
(Purpos	e(s) of corporation authorized in h	nome state or country to be carried out in state of Florida)  tered agent: (P.O. Box or Mail Drop Box NOT acceptable)	)
(Purpos	e(s) of corporation authorized in h	,	)
(Purpose Name and st	e(s) of corporation authorized in harder address of Florida register.  NRAI Services, Inc.	tered agent: (P.O. Box or Mail Drop Box NOT acceptable	)
(Purpose Name and st	e(s) of corporation authorized in hard	tered agent: (P.O. Box or Mail Drop Box NOT acceptable	)
(Purpose Name and st	e(s) of corporation authorized in hard register rect address of Florida register.  NRAI Services, Inc.  2731 Executive Park Drive, Services.	tered agent: (P.O. Box or Mail Drop Box NOT acceptable	)
(Purpose Name and st	e(s) of corporation authorized in hard register rect address of Florida register.  NRAI Services, Inc.  2731 Executive Park Drive, Services.	tered agent: (P.O. Box or Mail Drop Box NOT acceptable	)

and I am familiar with and accept the obligations of my position as registered agent.

By: Delas Societ SIC 2/Ko/Xo

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	DIVISERETABLED
Chairman:	DIVISION OF COURSE OF
Address:	06 FEB 20 PM 4: 16
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	·
Address:	
B. OFFICERS	
President:James V. Paolino	
Address: 215 Watch Hill	
East Greenwich, RI 02818	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addendum to the application listing additional office	ers and/or directors.
13. Jan K Sanfan Gus	
(Signature of Director or Officer listed in number 12 of the application)	
14. <u>James V. Paolino, President</u> (Typed or printed name and capacity of person signing application)	
(1) year or primed hame and capacity or person signing application)	

FILED SECRETARY OF STATE DIVISION OF CONTRATIONS

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#### RESOLUTION OF BOARD OF DIRECTORS

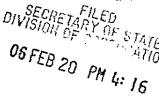
I, the undersigned James V. Paolino	, do hereby certify				
That this Resolution of the Board of Directors of RES/TITLE, INC.					
A corporation duly organized and existing under the laws of the State of RI					
Was duly adopted on February 15, XX 2006					
Resolved, that <u>RES/TITLE</u> , INC.	organized				
and existing in the State of RI	, hereby adopts the				
name <u>RES/TITLE, INC</u> .	for use in Florida.				
Dated: February 15, 2006					
	Day V Sunhorne				



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown Secretary of State



## CERTIFICATE OF INCORPORATION OF

#### RES/TITLE, INC.

I, MATTHEW BROWN, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that Articles of Incorporation for the incorporation of

#### RES/TITLE, INC.

duly executed in accordance with the provisions of Chapter 7-1.2 of the General Laws of Rhode Island, 1956, as amended, have been filed in this office on this day, with an effective date of February 15, 2006.

WITNESS my hand and the seal of the State of Rhode Island and Providence Plantations this 15<sup>th</sup> day of February, 2006.

Secretary of State

By Mana M. FURALLEL.

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Certificate/Form 100