## F000000000544

(Req	uestor's Name)				
(Add	ress)				
(Add	ress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

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DIVISION OF CONTRACT OF THE CONTRACT OF CO

W06-42240

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## **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: CAMBRIDGE SETTLEMENT SERVICES, INC.					
(Name of corporation - must include suffix)					
Dear Sir or Madam:					
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:					
LAUREL H. BUCKMAN					
(Name of Person)					
C/O RESOURCE REAL ESTATE SERVICES, LLC					
(Firm/Company)					
300 RED BROOK BOULEVARD, SUITE 300					
(Address)					
OWINGS MILLS, MARYLAND 21117					
(City/State and Zip code)					
For further information concerning this matter, please call:					
LAUREL H. BUCKMAN at ( 410 ) 654-5550 EXT. 280					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations  MAILING ADDRESS: New Filing Section Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy  \$87.50 Filing Fee,  Certificate of Status & Certified Copy					



September 26, 2006

LAUREL H BUCKMAN 300 RED BROOK BLVD SUITE 300 OWINGS MILLS, MD 21117

SUBJECT: INTEGRITY SETTLEMENT SERVICES, INC.

Ref. Number: W06000042240

We have received your document for INTEGRITY SETTLEMENT SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on June 12, 2006.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Letter Number: 906A00057325

Becky McKnight Document Specialist New Filing Section

## 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

1 CAMBRICE SETTLEMENT SERVICES, INC.

`	·		adopted for the purpose of transacting business in	ı Florida)
MARYLAND 3. 20-5486875				
State or country	under the law of which it is incorporate	ed)	(FEI number, if applicable)	
<u>AUGUS</u>	T 30TH, 2006	5.	PERPETUAL	
•	e of incorporation)		(Duration: Year corp. will cease to exist or "per	rpetual")
<u>UPON (</u>	QUALIFICATION			
			in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
300 RED	BROOK BOULEVA	RD	, 3RD FLOOR, OWINGS M	<b>IILLS</b>
	(Principal of	fice add	iress)	
MARYL	AND 21117(MAII	LIN	G AND PRINCIPAL THE S	AME
MARYL	AND 21117(MAII		G AND PRINCIPAL THE S	
		ing ad	G AND PRINCIPAL THE S	AME 06 0CT
TITLE II	(Current mail	ing add	G AND PRINCIPAL THE S	
TITLE II	(Current mail	Y ate or c	G AND PRINCIPAL THE S dress) ountry to be carried out in state of Florida)	05 OCT 17 PH
TITLE II	(Current mail  NSURANCE AGENC  (s) of corporation authorized in home sta	Y  ate or c	G AND PRINCIPAL THE S dress)  ountry to be carried out in state of Florida)  O. Box NOT acceptable)	06 OCT 17 PH 2:
TITLE II (Purpose) Name and stree Name:	(Current mail  NSURANCE AGENC (s) of corporation authorized in home stated address of Florida registered agen	Y ate or c at: (P.	ountry to be carried out in state of Florida)  O. Box NOT acceptable)  YSTEM	05 OCT 17 PH
TITLE If (Purpose) Name and stree	(Current mail  NSURANCE AGENC (s) of corporation authorized in home stated address of Florida registered agent  CT CORPORATION	Y ate or c at: (P.	ountry to be carried out in state of Florida)  O. Box NOT acceptable)  YSTEM	06 OCT 17 PH 2:

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.

(Registered agent's signature) Bornie A. Schurran, Asst. Secretary

CT Corporation System

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:	OF OCT
A. DIRECTORS	
Chairman: MILLARD S. RUBENSTEIN	
Address: 300 RED BROOK BOULEVARD, 3RD FLOOR	- 12 (a)
OWINGS MILLS, MARYLAND 21117	57
Vice Chairman:	
Address:	
Director: MILLARD S. RUBENSTEIN	
Address: 300 RED BROOK BOULEVARD, 3RD FLOOR	
OWINGS MILLS, MARYLAND 21117	
Director:	
Address:	
B. OFFICERS  President: MILLARD S. RUBENSTEIN  Address: 300 RED BROOK BOULEVARD, 3RD FLOOR  OWINGS MILLS, MARYLAND 21117	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dis	rectors.
(Signature of Director or Officer listed in number 12 of the application)	
14. MILLARD S. RUBENSTEIN / PRESIDENT (Typed or printed name and capacity of person signing application)	
(-)1 1	

## 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 CAMBRIDGE 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 05, 2006.

Paul B. Anderson Charter Division 06 0CT 17 PH 2:57



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

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