F07000002693

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | idress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | , |
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Office Use Only



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COVER LETTER

| TO: | New Fi Divisio | | ection orporations | | | • | | | |
|---|-------------------|-------------|-----------------------|--------------|-------------------------|---------------|--|--|--|
| SUBJ | ECT: | Core | e Settl | eme | nt Serv | ices, | Inc. | | |
| | - | | | | | | ust include suffi | x) | |
| Dear S | ir or Ma | dam: | | | | | | | |
| "Certif | | Existen | ice," and cl | | | | | sact Business in Florida," renced foreign corporation to | |
| Please | return al | l corres | spondence | conce | rning this n | natter to the | e following: | | |
| | | | John | N. | Papout | sis | | | |
| | | | | | | ne of Perso | on) | | |
| | | | Core | Set | ttlemen | t Serv | ices, Inc. | | |
| | | | | | | n/Compan | | | |
| | | | 3800 | Mai | rket St | reet | | | |
| | | | | | (| (Address) | · | | |
| | | | Camp | Hi] | ll, PA | 17011 | | | |
| | · · · · · · · · · | | | | | tate and Z | ip code) | | |
| For fur | ther info | rinatio | n concernir | ng this | · | | | | |
| Johi | | | utsis | | _ at (_71 | | 31-9700 | -1 | |
| | (Name | ot Per | son) | | (F | Area Code | & Daytime Tele | pnone Number) | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | ESS: | | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclose | ed is a cl | neck fo | r the follov | ing a | nount: | | | | |
| \$70. | 00 Filing | g Fee | | | ng Fee & e of Status | | 75 Filing Fee & tified Copy | X \$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.

| | | ame adopted for the purpose of transacting business in Florida) 3. 05-0532085 | | | |
|-------------------------|--|--|--|--|--|
| | nder the law of which it is incorporated) | (FEI number, if applicable) | | | |
| 10/01/02 | | 5. Perpetual | | | |
| (Date o | fincorporation) | (Duration: Year corp. will cease to exist or "perpetual") | | | |
| upon qua | lification | | | | |
| - · · · · · · · · · | (Date first transacted busine | ess in Florida, if prior to registration) | | | |
| | (SEE SECTIONS 607.1301 & 60 | 7.1502, F.S., to determine penalty liability) | | | |
| 3800 Mar | ket Street, Camp Hill, | | | | |
| | (Principal office | address) | | | |
| 3800 Mar | ket Street, Camp Hill, | PA 17011 | | | |
| | (Current mailing | | | | |
| | | | | | |
| Real Est | ate Services | | | | |
| (Purpose(s) | of corporation authorized in home state of | or country to be carried out in state of Florida) | | | |
| Name and street | address of Florida registered agent: (| (P.O. Box NOT acceptable) | | | |
| traine and <u>Mroot</u> | addisse of the leading stored agent. | TO BOX MOTULOSOFILIONO) | | | |
| Name: | Patricia O'Rourke | | | | |
| fice Address: | 3820 SW 59th Terrace | (P.O. Box NOT acceptable) , Florida 33314 (Zip code) | | | |
| rice redress, | | The state of the s | | | |
| | DAvie | , Florida 33314 (Zip code) | | | |
| | (City) | (Zip code) | | | |
| | | | | | |
| Registered age | nt's acceptance: | P | | | |
| | nt's acceptance: I as registered agent and to accept so | vrvice of process for the above stated corporation at the pla | | | |
| iving been name | t as registered agent and to accept so | vervice of process for the above stated corporation at the plaintment as registered agent and agree to act in this capacit | | | |

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: Address: Vice Chairman: Address: Director: Jami E. Braafhart Address: 3800 Market Street, Camp Hill, PA 17011 Director: Peter J. Russo Address: 3800 Market Street, Camp Hill, PA 17011 **B. OFFICERS** President: Jami E. Braafhart Address: 3800 Market Street, Camp Hill, PA 17011 Vice President: Address: ___ Secretary: Peter J. Russo Address: 3800 Market Street, Camp Hill, PA 17011 Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

Jami E. Braafhart, President

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MAY 9, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CORE SETTLEMENT SERVICES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth