F08000002085

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



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2009 MAY -8 PN 4: 2: Seoretary of State Allahassef florma

T. Burch MAY & 2005.

COVER LETTER

TO:	New Filing Division of	Section Corporations					
SUBJE	ECT: SECO	ND NATIONAL SE	TTLEMENT \$	ERVICES, IN	C.		
		(Name	of Corporation	n – must inclu	de suffix)		-
Dear Si	r or Madam:						
"Certifi							Affairs in Florida", corporation to conduct
Please r	eturn all corre	espondence concer	ning this matte	er to the follow	/ing:		
		LAUREL H. BU		***			
			(N	ame of Person)		,
		C/O RESOURCE REAL ESTATE SERVICES, INC.					
			(F	Firm/Company)		
		300 RED BROC	K BOULEVAR	RD, SUITE 300)		
				(Address)			
		OWINGS MILLS		21117 State and Zip C	Code)		•
For furt	her informatio	on concerning this	matter, piease	cali:			
LAURE	EL H. BUCKM/ (Nam	AN e of Person)	at <u>(41</u> (A		-5550 EXT. Paytime Tele	280 phone Number)	
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ne Div Cli 266	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclose	d is a check fo	or the following an	nount:				
☑ \$70.	00 Filing Fee	\$78.75 Fili Certificate		■ \$78.75 Fili Certified C	-	S87.50 Filing Certificate of Certified Co	f Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

·	NATIONAL SETTLEMEN		The state of the s	2000 MAY
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORAT Corp," "Inc." "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION," SA	-
N/A			E OF ST	₽# ~
(If name unavai	ilable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florida	4: 27
MARYLA	ND	3.	26-1154993	7
	y under the law of which it is incorporated)	'	(FEI number, if applicable)	
09/28/200	07	٩	PERPETUAL	
	le of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
UPON Q	UALIFICATION			
			n Florida, if prior to registration)	
200 DED			502, F.S., to determine penalty liability)	
300 KED			WINGS MILLS, MD 21117	
	(Principal office	add	ress)	
300 DED	PPOOK BLVD OTE 202	\sim	NAMBLE NAME OF A 4 4 7	
300 RED			WINGS MILLS, MD 21117	
300 RED	BROOK BLVD., STE. 302, (Current mailing			
TIT! = 1811				
TITLE INS	(Current mailing	add	iress)	
TITLE INS	(Current mailing SURANCE AGENCY (s) of corporation authorized in home state of	add	ountry to be carried out in state of Florida)	
TITLE INS (Purpose) Name and stre	(Current mailing SURANCE AGENCY (s) of corporation authorized in home state of the corporation authorized agent: (add or co (P.C	ountry to be carried out in state of Florida) D. Box NOT acceptable)	
TITLE INS	(Current mailing SURANCE AGENCY (s) of corporation authorized in home state of set address of Florida registered agent: (CT CORPORATION SYS	add or co (P.C	ountry to be carried out in state of Florida) D. Box NOT acceptable) EM	
TITLE INS (Purpose) Name and stre	(Current mailing SURANCE AGENCY (s) of corporation authorized in home state of the corporation authorized agent: (add or co (P.C	ountry to be carried out in state of Florida) D. Box NOT acceptable) EM	
TITLE INS (Purpose) Name and stre	(Current mailing SURANCE AGENCY (s) of corporation authorized in home state of set address of Florida registered agent: (CT CORPORATION SYS	add or co (P.C	ountry to be carried out in state of Florida) D. Box NOT acceptable) EM	

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)

Bonie A. Schurch Assistant Secretary

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 addresses of officers and/or directors:	TA SE	20	
A. DIRECTORS		TAH BB	
Chairman: MILLARD S. RUBENSTEIN		-8	Ī
Address: 300 RED BROOK BLVD., STE. 300, OWINGS MILLS, MD 21117		P	ł
	ORIDA	- 2 -	
Vice Chairman:	· -	7	
Address:			
Director: MILLARD S. RUBENSTEIN			
Address: 300 RED BROOK BLVD., STE. 300, OWINGS MILLS, MD 21117			
Director:			
Address:			
B. OFFICERS			
President: MILLARD S. RUBENSTEIN			
Address: 300 RED BROOK BLVD., STE. 300, OWINGS MILLS, MD 21117			
Vice President:			
Address:			
Secretary:			
Address:			
Treasurer:		····	
Address:			
NOTE: If necessary and an addendum to the application listing additional officers and/or di	rectors.		
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
14. MILLARD S. RUBENSTEIN, 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 THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SECOND NATIONAL 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 APRIL 21, 2008.

Paul B. Anderson Charter Division SECRETARY OF STATE TALLAHASSEE, FLORIDA

CECOLIE AND AND COMMENT



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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