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#### FLORIDA COMPLIANCE SPECIALISTS, INC. RECEIVED DAVE TAYLOR, PRESIDENT 08 SEP -4 PM 4: 50 2333 Hansen Lane, Suite 3 DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA Tallahassee, Florida 32301 Voice: (850)942-5464 Fax: (850)942-5111 dave@floridacompliance.com www.floridacompliance.com Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy ☐ Mail out ☐ Will wait ☐ Certificate of Status **NEW FILINGS AMENDMENTS** Profit ☐ Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability ☐ Change of Registered Agent ☐ Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark Other Examiner's Initials CR2E031(7/97)

## 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.

1.	SECURITY TITLE, INC.	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	SECURITY TITLE FLORIDA ILLINOIS, INC.	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	ILLINOIS  (State or country under the law of which it is incorporated)  3. 36-4424160  (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	12/8/1997 5. PERPETUAL	
	(Date of incorporation)  5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
,	(Date first transacted business in Florida, if prior to registration)	
0.	(Date first transacted business in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
_		
7.	185 BUCKLEY DR. ROCKFORD, TL 61107 (Principal office address)	
	(Titleipal office address)	
	185 BUCKLEY DR. ROCKFORD, IL 61107	
	(Current mailing address)	
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	_
	To so and	
	Name: FLORIDA COMPLIANCE SPECIALISTS, INC.	CHERT
Οí	ffice Address: 2333 HANSEN LN. #3	
	TALLAHASSEE , Florida 32301 (City) (Zip code)	Company of the last
	(City) (Zip code)	Comme
10	). Registered agent's acceptance:	
	aving been named as registered agent and to accept service of process for the above stated corporation at the pl	ace
de.	signated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci	ity. I
	rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	duties,
an	nd 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. DIREC	TORS
Chairman: _	ERIC PRATT
Address:	185 BUCKLEY DR.
	ROCKFORD, IL. 61107
Vice Chairm	nan: NONE
Address:	
Director:	NONE
Address:	
Director:	NONE
Address:	
B. OFFIC	ERS
President: _	ERIC PRATT
	185 BUCKLEY DR.
_	ROCKFORD, IL 61107
Vice Preside	nt: ERIC PRATT
Address:	185 BUCKLEY DR.
_	ROCKFORD, IL 61107
Secretary:	
Address:	185 BUCKLEY DR. ROCKFORD, IL 61107
Treasurer: _	
Address:	185 BUCKLEY DR. ROCKFORD, IL 61107
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Dispator or Officer listed in much as 12 of the continual and
• •	(Signature of Director or Officer listed in number 12 of the application)
14	ERIC PRATT, SOLE DIRECTOR, SHAREHOLDER, OFFICER (Typed or printed name and capacity of person signing application)



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SECURITY TITLE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 08, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0822801404

Authenticate at: http://www.cyberdriveillinois.com

## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH

day of AUGUST

A.D.

2008

Desse White

SECRETARY OF STATE