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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Smathers MAR 30 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LSDL, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:

Niti Trikha or Marguerite Glaser

Name of Person

LSDL, Inc.

Firm/Company

407 McAlpine Street

Address

Avoca, PA 18641

City/State and Zip code

compliance@gwcwarranty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Niti Trikha or Marguerite Glaser at (570) 414-7777x107

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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**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. LSDL, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 25-1860587
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/9/1999 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 407 McAlpine street, Avoca, PA 18641
(Principal office address)

(Current mailing address)

8. LSDL provides Payment Plan Agreements and charges NO interest to customers
(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)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road, c/o C T Corporation System

Plantation . Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

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.



**Maria T. Chambers
Special Assistant Secretary**

(Registered agent's signature)

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: See attached

Address: _____

Director: See attached

Address: _____

B. OFFICERS

President See attached

Address: _____

Vice President: See attached

Address: _____

Secretary: See attached

Address: _____

Treasurer: See attached

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Paul Dreabit

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Paul Dreabit, Secretary and Treasurer

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

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TALLAHASSEE, FLORIDA



407 McAlpine St. • P.O. Box 5184 • Avoca, PA 18641-0184
Phone: (570) 414-0480 • Toll Free: (866) 230-7935 • Fax: (570) 414-7883

Board of Directors for LSDL, Inc.

Rob Glander
President/CEO/Director
1025 Manor Drive
Mountaintop, PA 18707

Paul Dreabit
Secretary/Treasurer/CFO
502 Yatesville Road
Pittston, PA 18640

Scott Schwartz
Director
2146 W. Homer Street
Chicago, IL 60647

Daniel Helle
Director
100 Woodstock Avenue
Kenilworth, IL 60043

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

MARCH 23, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LSDL, INC.

Is duly Incorporated as a Pennsylvania Corporation 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.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



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.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Acting Secretary of the Commonwealth

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