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(((H16000042825 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION

Erie Title Agency, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT: Erie Tit	•		
SUBJECT:	Name of corpora	ntion - must include suffix	
Dear Sir or Madam:			
"Certificate of Exister	ation by Foreign Corporation ice," or "Certificate of Good ign corporation to transact bu	Standing" and check are sub	
Please return all corre	spondence concerning this m	atter to the following:	
Erin N. Chelune			
	Name	e of Person	
Eric Title Agency, Inc.		,	
	Firm/	Company	
29325 Chagrin Blvd., St	nite 200		
	A	ddress	
Cleveland, Oll 44122			
	City/Sta	te and Zip code	
erin@erietitle.com			
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	ase call:	
Erin N. Chelune	at (²¹⁶	591-0289	
Name of Pers		rea Code & Daytime Teleph	one Number
New Filing Se Division of Co Clifton Buildin 2661 Executiv Tallahassec, F	orporations ng e Center Circle L 32301	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7
□ \$70.00 Filing Fee	r the following amount: \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & 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.

Erie Title Agend	ey, Inc.		
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIO	N,"
(If name unavaila	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transaction	ng business in Florida)
2. Ohio		3.	
(State or country	under the law of which it is incorporated)	(FEI number, if app	licable)
06/22/1998 4.		Perpetual 5.	
(Date	of incorporation)	5. (Duration: Year corp. will cease to	o exist or "perpetual")
N/A 6.			
J		s in Florida, if prior to registration) .1502, F.S., to determine penalty liabil	ity)
, 29325 Chagrin Bl	vd., Suite 200, Cleveland, OH 44122		
/·	(Principal office a	ddress)	· · · · · · · · · · · · · · · · · · ·
29325 Chagrin B	lvd., Suite 200, Cleveland, OH 44122		
	(Current mailing a	ddress)	
(Purpose(s	oviding title insurance and escrow services,) of corporation authorized in home state or	country to be carried out in state of Flo	orida)
). Name and stree	t address of Florida registered agent: (I	P.O. Box NOT acceptable)	
Name:	C T Corporation System	<u></u>	
Office Address:	1200 South Pine Island Road		22 5 F
	Plantation	, Florida,	
	(City)	(Zip code)	M 8: 2:
	gent's acceptance:		* 7
lesignated in this further agree to co	ed as registered agent and to accept se application, I hereby accept the appoin amply with the provisions of all statute amiliar with and accept the obligations	ntment as registered agent and agos s relative to the proper and compl	ree to act in this capacity. ete performance of my
Ву:	C T Corporation System Yiw	le Chaunand Assistant	Secretary
	(Registered agent's	s signature)	

^{1).} 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.

2/19/2016 9:30:46 AM From: To: 8506176383(4/5)

12. Nan	nes and business addresses of officers and/or directors:			
	ECTORS			
Chairman	5. N/A			
Address:				
	· · · · · · · · · · · · · · · · · · ·		···	
Vice Cha	irman:			
Address:				
Director:	N/A			
			_	
, , , , , , , , , , , , , , , , , , , ,				
Diseaton	N/A			
	N/A			
Address:				
		 		 -
	ICERS	SE	<u> </u>	
President:	Keviu R. Blum		FTB	essures.
Address:	29325 Chagrin Blvd., Suite 200, Cleveland, OH-44122	<u> </u>	- 5	-Talamon
		197		7 J.T
Vice Pres	ident: N/A		m	
		AFE	2	
		.3k-		
Secretary:	N/A		_	
Address:				
			_	
Address:				_
NOTE:	If necessary, you may attach an additional officers and/o	or direct	Ors	
13.	and the appropriate of the appro	,, (IIICO)	M12.	
	Signature of Director or Officer			, <u>, , , , , , , , , , , , , , , , , , </u>
are true a	er or director signing this document (and who is listed in number 12 above) affirms that the nd that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.			
14. Kevi	n R. Blum - President			
	(Typed or printed name and capacity of person signing application)			

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ERIE TITLE AGENCY, INC., an Ohio corporation, Charter No. 1010258, having its principal location in Pepper Pike, County of Cuyahoga, was incorporated on June 22, 1998 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of February, A.D. 2016.

Ohio Secretary of State

an Hastel

Validation Number: 201604903912