

F17000001428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAR 29 2017
S. YOUNG

17 MAR 27 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
REAL ADVANTAGE TITLE INSURANCE COMPANY

SUBJECT: _____
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:
TOMMYE M FROST

Name of Person

Firm/Company

8136 ALDERMAN ROAD

Address

MELROSE, FLORIDA 32666

City/State and Zip code

tfrost@octitle.com

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

For further information concerning this matter, please call:

Tommye Frost 904 307-2171

Name of Person at (_____) Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

**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.
REAL ADVANTAGE TITLE INSURANCE COMPANY

1. _____
(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)
California 31-1132482

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
1/24/85 (Ohio) 2/19/14 (CA redomestication) perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1551 N Tustin Ave. Suite 300. Santa Ana, California 92705

7. _____
(Principal office address)
same as above

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____
State of Florida
Chief Financial Officer
200 East Gaines Street

Office Address: _____
Tallahassee 32399
_____, Florida _____
(City) (Zip code)

9. 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.

Applicant is an insurance company. FL CFO is statutorily required to be a registered agent for insurer.
(Registered agent's signature)

10. 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.

17 MAR 27 PM 3:15
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**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.*
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1. _____
(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)
CALIFORNIA 31-1132482

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
1/24/85 (Ohio) and 2/19/14 (redomestication to CA) perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
The Company has not transacted business in Florida

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1551 N Tustin Ave., Suite 300 Santa Ana, CA 92705

7. _____
(Principal office address)
same as above

(Current mailing address, if different)

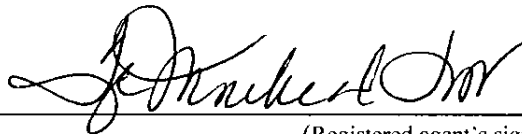
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Tommye Morehead Frost

Name: _____
8136 Alderman Road

Office Address: _____
Melrose 32666
_____, Florida _____
(City) (Zip code)

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(Registered agent's signature)

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7 MAR 27 PM 3:15
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Richard D. Macaluso

Chairman:

1551 N Tustin Ave. Suite 300. Santa Ana, CA 92705

Address:

Vice Chairman:

Address:

William D. Burding, Jr.

Director:

1551 N Tustin Ave. Suite 300. Santa Ana, CA 92705

Address:

Michael J Marconi

Director:

1551 N Tustin Ave. Suite 300. Santa Ana, CA 92705

Address:

B. OFFICERS

Richard D Macaluso

President:

1551 N Tustin Ave. Suite 300. Santa Ana, CA 92705

Address:

William D. Burding, Jr.

Vice President:

1551 N Tustin Ave. Suite 300. Santa Ana, CA 92705

Address:

Michael J Marino

Secretary:

1551 N Tustin Ave. Suite 300. Santa Ana, CA 92705

Address:

Richard D Macaluso

Treasurer:

1551 N Tustin Ave. Suite 300. Santa Ana, CA 92705

Address:

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

12.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

William D Burding, Jr.

13.

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

17 MAR 27 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California

Secretary of State

CERTIFICATE OF STATUS

RECEIVED
SECRETARY OF STATE
CALIFORNIA
17 MAR 27 PM 3:15

ENTITY NAME:

REAL ADVANTAGE TITLE INSURANCE COMPANY

FILE NUMBER: C3611398
FORMATION DATE: 10/09/2013
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 06, 2017.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State