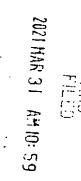
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(Requestor's Name)					
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AL DIDIES

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 7,2860,67 8308117

AUTHORIZATION '

COST LIMIT : \$ 70.00

ORDER DATE: March 23, 2021

ORDER TIME : 12:13 PM

ORDER NO. : 728606-005

CUSTOMER NO: 8308117

FOREIGN FILINGS

NAME: INVESTORS UNITED TITLE CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

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.

l	ited Title Corp.				
(Enter name o	of corporation; must include "INCORPORATED, "Corp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		•	
(If name unav	railable in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)	_	
Puerto Rico					
	ontry under the law of which it is incorporated)	(FEI number, if applicab	(FEI number, if applicable)		
4. 12/06/2019	Ş	•			
(D	ate of incorporation)	(Date of duration, if other than pe	(Date of duration, if other than perpetual)		
6. Upon Filing					
v	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		-	
7. 100 Carr. 165,	Suite 606 Guaynabo, PR 00966				
	(Principal offi	ce <u>street</u> address)	10	-	
	(Current mailin	ng address, if different)	20		
8. Name and st	reet address of Florida registered agent: (P.C	D. Box NOT acceptable)	2021 HAR 31	·	
Name:	Corporation Service Company		3	7:	
Office Address:	1201 Hays Street		A*: 10:		
	Tallahassee	, Florida 32301	<i>1</i> 0: 5		
	(City)	(Zip code)	Ğ		
Having been no designated in th further agree to	agent's acceptance: amed as registered agent and to accept service his application, I hereby accept the appoint to comply with the provisions of all statutes reliar with and accept the obligations of my pole Corporation Service Company By:	nent as registered agent and agree to a elative to the proper and complete persistence agent. Narida Allanda	ict in this capa formance of m	city. I	
	(Registered agent's si	gnature)			
10. Attached is	a certificate of existence duly authenticated,	not more than 90 days prior to delivery	of this applica	ation to	

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS							
□Chairman	Name: Richard Anthony Desich	□Chairman	Name:				
□Vice Chairman	Address:	■Vice Chairman	Address: 12521 Cypress Island Way				
□Director	Wellington, FL 33414	□Director	Wellington, FL 33414				
■ President		□President					
□Vice President		□Vice President					
■ Secretary	□Treasurer	Secretary	□Treasurer				
□Other	□Other	Other	□Other				
□Chairman	Name:	□Chairman	Name:				
	Address:	□Vice Chairman					
☐ Director	Address.	□ Director	Address:				
□President		□President					
		□Vice President					
Secretary	□Treasurer	☐ Secretary	☐Treasurer				
Other		□Other					
		Loaner					
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary	□Treasurer				
□Other		□Other	Other _,				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Elorida Department of State Annual Report form. 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.							
Jeffrey Alan Desich							

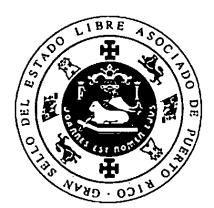


Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, Lawrence N. Seilhamer Rodríguez, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, **INVESTORS UNITED TITLE CORP.**, register number **437539**, a **for profit domestic** corporation, organized under the laws of Puerto Rico on **December 6, 2019**, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 29, 2021**.

Lawrence N. Seilhamer Rodríguez Secretary of State

To validate this certificate go to:

http://estado.pr.gov/

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: 390938-71558119