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### **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT: Attorneys Title Holdings, In	ncorporated				
		e of corporation - r	nust include suffix			
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign C icate of Existence," or "Certifical referenced foreign corporation to	te of Good Standin	g" and check are sub	ct Business in Florida," mitted to register the		
Please	return all correspondence concer-	ning this matter to	the following:			
Bryn O	lsen					
		Name of Per	son			
HomeS	Services of America, Inc.					
		Firm/Compar	ıy			
333 S 7	7th S1, FL 27					
	<del> </del>	Address	= :-			
Minnea	polis					
		City/State and	Zip code	, <u>-</u> -		
MN						
	E-mail addre	ss: (to be used for	future annual report r	notification)		
For fur	ther information concerning this	matter, please call:				
Bryn Olsen at (612 ) 336-5446  Name of Person Area Code Daytime Telephone Number						
	Name of Person	Area Code	Daytime Telepl	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please n	ed is a check for the following am nake check payable to: <b>FLORIDA E</b> .00 Filing Fee	DEPARTMENT OF ng Fee &	STATE 78.75 Filing Fee & ertified Copy	<ul> <li>\$87.50 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>		

### 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.

"Inc.," "Co.," "C	orp." "Inc." "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting bus	iness in Florida)
North Carolina	3		
(State or countr	y under the law of which it is incorporated) 3	(FEI number, if applicab	ole)
12/01/2017	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
8000 Regency Pa	irkway, Cary, NC 27518		
		e <u>street</u> address)	
c/o HomeService	es of America, Inc., 333 S 7th St, FL 27, Attn Le	gal, Minneapolis, MN 55402	
		<u> </u>	
		address. if different)	
	(Current mailing	address. if different)	
Name and street		address. if different)	:5;
Name and stree	(Current mailing	address. if different)	6. 82.
Name:	(Current mailing et address of Florida registered agent: (P.O.	address. if different)	
Name:	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road	address. if different)  Box NOT acceptable)	
Name:	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road	address. if different)  Box NOT acceptable)	
Name:	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road	address. if different)	discourges the same
Name: fice Address:  Registered ag	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:	address. if different)  Box NOT acceptable)  Florida 33324	Creany SME
Name: fice Address:  Registered agwing been name	(Current mailing  et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: sed as registered agent and to accept service	address. if different)  Box NOT acceptable)  Florida 33324	ooration at the pla
Name: fice Address:  Registered agwing been namignated in this	(Current mailing  et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  sed as registered agent and to accept services application, I hereby accept the appointment.	address. if different)  Box NOT acceptable)  Florida 33324	poration at the place in this capacit
Name: fice Address:  Registered agiving been namesignated in this other agree to contact.	(Current mailing  et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: sed as registered agent and to accept service	address, if different)  Box NOT acceptable) , Florida 33324	poration at the place in this capacit
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Name:  ffice Address:  Registered agaving been namesignated in this rther agree to c	(Current mailing  et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  red as registered agent and to accept services application, I hereby accept the appointment omply with the provisions of all statutes rei	address, if different)  Box NOT acceptable) , Florida 33324	poration at the place in this capacit

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.

A. DIRECTORS							
□Chairman	Name: Eugene A. Blefari	□Chairman	Name: Dana D. Strandmo				
□Vice Chairman	Address: 333 S 7th St, FL 27	□ Vice Chairman	Address: 233 S 7th St, FL 27				
Director	Minneapolis, MN 55402	Director	Minneapolis, MN 55402				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	Other	□()ther				
□Chairman	Name: Kimberly B. Rosenberg	□ Chairman	Name: Bryan D. Rosenberg				
□Vice Chairman	Address:	□Vice Chairman	<del>.</del>				
■Director	Cary, NC 27518	□Director	Cary, NC 27518 :-: 28				
■ President		□President	A				
□Vice President		■Vice President	9				
☐ Secretary	□Treasurer	Secretary	Treasurer of 5				
□Other	Other	□Other					
□Chairman □Vice Chairman	Name: Carol A. Dernbach  8000 Regency Parkway		Nume: Michael T. Browne  Address: 333 S 7th St, FL 27				
□Director	Cary, NC 27518	□Director	Minneapolis, MN 55402				
□President		□President					
■ Vice President		□Vice President					
□Secretary	□Treasurer	<b>■</b> Secretary	Treasurer				
□Other	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 filing your Florida Department of State Annual Report form.  Signature of Director or Officer							

The officer or director signing this document (and who is fisted 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.

I3. Michael T. Browne, Secretary



## NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### ATTORNEYS TITLE HOLDINGS, INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of April, 2010, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 26th day of July, 2021.

Elaine J. Marshall

Secretary of State