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COVER LETTER

		ration Section on of Corporations					
SUBJE	CT:	Orion Technologies, Inc.					
Name of corporation - must include suffix							
Dear Sir	or Ma	ıdam:					
"Certific	ate of	Application by Foreign Co Existence," or "Certificate ed foreign corporation to to	of Good S	Standin	g" and check are sub		
Please re	turn a	Il correspondence concerni	ng this ma	itter to	he following:		
Heather i	A. May	,					
			Name	of Per	son		
Old Repu	ıblic T	itle Tech Companies, Inc.					
		, <u></u>	Firm/C	Compar	ıy		
6111 W.	Plano	Pkwy Suite 3800					
			٨٥	ddress		<u> </u>	
Plano, T	X 7509	3					
			City/Stat	te and 2	ip code		
legal@or	titletec	h.com	•		•		
		E-mail address	: (to be use	ed for t	uture annual report i	notification)	
For furth	er inf	ormation concerning this m	atter, pleas	se call:			
Heather /	A. May	,	972 at ()	943-5322 Daytime Telep		
	Name	of Person	Area C	Code	Daytime Telep	hone Number	
,	STRE	ET/COURIER ADDRES	~ .		MAILING A	DDRFSS:	
		ration Section			Registration S		
Division of Corporations			Division of Corporations				
The Centre of Tallahassee				P.O. Box 6327			
		l. Monroe Street, Suite 810 assee, FL 32303			Tallahassee, F	TL 32314	
		heck for the following amo		'N'T AE	STATE		
■ \$70.00		-	g Fee &	□ \$7	8.75 Filing Fee & ertified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	
						RECEIVED	
						APR 2	

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.	Orion Technolog	Orion Technologies, Inc.					
		orporation; must include "INCORPORATED," "orp.," "Inc.," "Co," or "Corp.")	COMPANY," "CORPORATION,"				
	Orion Technol	ogies (FL), Inc.					
	(If name unavail:	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting busine	ess in Florida)			
2.	Delaware	3					
•	(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
4.	6/7/2016						
٠.		of incorporation) 5	(Date of duration, if other than per	petual)			
6.							
		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502					
7.	6111 W. Plano Pl	kwy Suite 3800 Plano, TX 75093		2			
		(Principal office s	street address)	023 HA	-27		
		(Current mailing a	ddress, if different)	7,22			
8.	Name and stree	et address of Florida registered agent: (P.O. E	ox NOT acceptable)	E :	•		
		Registered Agent Solutions, Inc.		ထ္			
Ω	Name: ffice Address:	155 Office Plaza Dr. Suite A	_	26			
Office Madress.		Tallahassee	- . Florida ³²³⁰¹				
		(City)	, Florida <u>32301</u> (Zip code)				
II de fu	aving been nam esignated in this ether agree to co	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relativistic and accept the obligations of my position.	t as registered agent and agree to ac tive to the proper and complete perfo	t in this capac	city. I		
	_		Adam Saldana, Assistant Secreta	ary			
		(Registered agent's signa	ture)				

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:	□Chairman □Vice Chairman □Director	Name: Heather A. May Address: 6111 W. Plano Pkwy Suite 3800				
□Vice Chairman	Address:						
□Director	Suite 1000						
President	Tampa, F1, 33607	□President	Plano, TX 75093				
□Vice President		□Vice President					
☐ Secretary	□Treasurer	■ Secretary	□Treasurer				
□Other	Other	□Other	Other				
□Chairman	Name: Laura Mowrer	□Chairman	Name: Ben Corbett				
□Vice Chairman	Name: 6111 W. Plano Pkwy	□Vice Chairman □Director □President	Address: 11055 Wayzata Blvd.				
□ Director	Suite 3800						
□President	Plano, TX 75093		Minnetonka, MN 55305				
■ Vice President		□Vice President					
□ Secretary	☐Treasurer	☐ Secretary	Treasurer				
□Other	Other	□Other	□Other				
□Chairman	Name:	□Chairman	None				
			Name:				
□ Vice Chairman	Address:		Address:				
		□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 filing your Florida Department of State Annual Report form.							
12. Heather A. May Signature of Director or Officer							
	U Signature of Director or	r 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.							
13. Heather A. M	Мау						

Delaware

The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ORION TECHNOLOGIES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORION TECHNOLOGIES, INC." WAS INCORPORATED ON THE SEVENTH DAY OF JUNE, A.D. 2016.

at corp.delaware.gov/aut

Authentication: 202669552

Date: 02-08-23