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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Convey Least vertices to Silies Offices						
Special Instructions to Filing Officer:						





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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Orbis Title & Escrow Inc.				
ЭО В		f corporation	- must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Conficate of Existence," or "Certificate or referenced foreign corporation to tra	of Good Stand	ding" and check are subr	t Business in Florida," nitted to register the	
Please	return all correspondence concernit	ng this matter	to the following:		
Edrees	Feda				
		Name of I	Person		
Orbis 1	Title & Escrow Inc.				
	<u> </u>	Firm/Com	pany	· · · · · · · · · · · · · · · · · · ·	
401 La	is Olas Blvd, Suite 1400				
		Addre	SS		
Ft. Lat	iderdale, FL 33301				
		City/State ar	nd Zip code	·-	
licensi	ng@orbistitle-escrow.com				
	E-mail address:	(to be used for	or future annual report ne	otification)	
For fu	rther information concerning this ma	atter, please c	all:		
Edrees	ees Feda 703 975-0246				
	Name of Person	Area Code		one 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	sed is a check for the following amo make check payable to: FLORIDA DE 0.00 Filing Fee \$78.75 Filing Certificate o	PARTMENT g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

Orbis Title & E	Orbis Title & Escrow Inc.						
	corporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "C	OMPANY," "CORPORATION,"				
	serow Inc. of Florida						
(If name unavail	able in Florida, enter alternate corporate nat	ne adopt	ted for the purpose of transacting b	usiness in Florida)			
2. VA		99-1 3.	834855				
(State or countr	(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
03-01-2024			petual				
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)				
6. 07-01-2024	07-01-2024						
·	(Date first transacted busines (SEE SECTIONS 607.1501 &		· ·				
7. 401 Las Olas Blv	d, Suite 1400 Ft. Lauderdale, FL 333301						
	(Principal)	office <u>st</u>	reet address)				
401 Las Olas Blv	vd, Suite 1400 Ft. Lauderdale, FL 333301						
	(Current ma	iling ado	lress, if different)				
				707			
8. Name and street	et address of Florida registered agent: (1	P.O. Bo	x <u>NOT</u> acceptable)	וווי איזא לווו			
Name:	Edrees Feda			2 -2			
Office Address:	401 Las Olas Blvd, Suite 1400			<u>≅</u> :			
William Land Alla	Ft. Lauderdale		. Florida 33301				
	(City)		(Zip code)	22			

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.



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	Edrees Feda Name:	Chairman	Name:				
■ Vice Chairman	Address:	□Vice Chairman	Address:				
Director	401 Las Olas Blvd, Suite 1400 Ft. Lauderda	Director					
■ President	Fi 33501	□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐Secretary	□Treasurer				
□Other	Other	Other	□Other				
□Chairman	Name:	□Chairman	Name:				
		□Vice Chairman					
	Address:						
□Director		Director					
□President		□President					
□Vice President		□ Vice President					
□Secretary	☐Treasurer	□Secretary	Treasurer				
Other	□Other	Other	Other				
_		T a. :					
□ Chairman	Name:	□ Chairman					
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	☐ Treasurer	☐ 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.							
12. Correcto Protecto.							
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 of 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.

Edrees Feda

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Orbis Title & Escrow Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on March 1, 2024;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 30, 2024

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2024053020331386