

CONTACT:

OFFICE USE ONLY (Document #)

F96000003586

UCC FILING & SEARCH SERVICES, INC.

(Requestor's Name)

626 EAST PARK AVENUE

(Address)

JALAH 3308 FL 32301

(City, State, Zip)

(904) 681-6528

(Phone #)

530987

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1 T.A. Financial Services, Inc.
(Corporation Name)

(Document #)

2 _____
(Corporation Name)

(Document #) **7000001835407**
#15/96--01157--022
*****78.75, *****78.75

3 _____
(Corporation Name)

(Document #)

4 _____
(Corporation Name)

(Document #)

☒ Walk In

☐ Pick Up Time

☐ Mail Out

☐ Will Wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

☒ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

☐ Certificate of FICTITIOUS NAME?

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

*Good (UCC Filing & Search)
gone with. to correct
#4 - HC 7/14*

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R A, Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**HOLD FOR
PICKUP BY
UCC SERVICES**

Examiner's Initials

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 16 PM 3:27
96 JUL 16 11:14 AM
DIVISION OF CORPORATIONS

**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. T.A. Financial Services Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Pennsylvania 3. 23-2717528
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 17, 1993 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7/14/96
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 305 Mt Lebanon Blvd Suite 400
Pittsburgh, PA 15234
(Current mailing address)

8. Provide title search, real estate appraisal and other related services and issue
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) title insurance.

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)


Name: Philip Taglierini

Office Address: 7777 131st Street Suite 10

Seminole, Florida, 34646
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above 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.


(Registered agent's signature)

11. 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.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: J. William Cotto, Jr.

Address: 2 Veterans Square
Media, PA 19061

Vice Chairman: Patti De Gennaro

Address: 302 Mt. Lebanon Blvd Suite 400
Pittsburg, PA 19234

Director: James P. Cavanagh

Address: 2 Veterans Square
Media, PA 19061

Director: W. Patrick Connors

Address: 2 Veterans Square
Media, PA 19061

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Patti De Gennaro

Address: 302 Mt. Lebanon Blvd Suite 400
Pittsburgh, PA 19234

Vice President: _____

Address: _____

Secretary: James Cavanagh

Address: 2 Veterans Square
Media, PA 19061

Treasurer: James Cavanagh

Address: 2 Veterans Square
Media, PA 19061

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

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James P. Cavanagh Secretary and Treasurer
(Typed or printed name and capacity of person signing application)

172 Continued
Directors

Maureen Wroblewski
2 Veterans Square
Media, PA 19061

Timothy McGrath
2 Veterans Square
Media, PA 19061

Lawrence Walsh
1220 West Chester Pike
Havertown, PA 19083



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

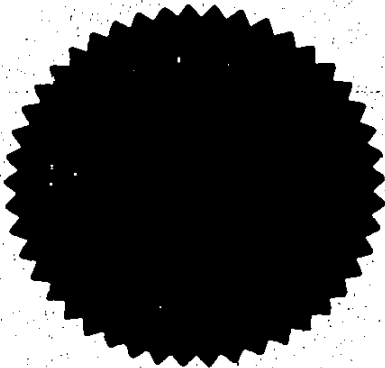
JUNE 28, 1996

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

T.A. FINANCIAL SERVICES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

A handwritten signature in cursive script, reading "Gretta Kunkin".

Secretary of the Commonwealth

DPOS

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