M0400000265

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





700026465637

OH JAN 20 PH 4:

13 X





ACCOUNT NO. 072100000032

REFERENCE

400812

COST LIMIT : \$ 125.00

ORDER DATE : January 19, 2004

ORDER TIME : 9:32 AM

ORDER NO. : 400812-025

CUSTOMER NO: 7155110

CUSTOMER: Ms Cherie Macciachera

Cendant Corporation

1 Campus Drive

Parsippany, NJ 07054

FOREIGN FILINGS

NAME: ACHIEVEMENT TITLE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATIO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

Achievement Title, LLC					
 				B.A.	, jo
	(Name of foreign lin	nited liability con	npany)		-
Delaware	3.			-	. =-
urisdiction under the law of which foreig company is organized)	n limited liability	(1	FEI number, if applicab	le)	', '
1/9/04 (Date of Organization)	5.	Perpetual			
(Date of Organization)		(Duration: Ye	ar limited liability comp exist or "perpetual")	any will cease to	
Upon qualification.			•		
(Date first transacted busin	ness in Florida. (See s	ections 608.501,	608.502, and 817.155, F	r.s.)	
101 S. Courtenay Pkwy, St	uite 201, Mer	ritt Island	, Florida, 3295	52	
	(Street address o	f principal office)	<u> </u>	<u> </u>	
		- ,	. <u> </u>		
f limited liability company is a ma	anager-managed c	ompany, check	k here 🗶		-
			_		
The name and usual business address	esses of the mana	ging members	or managers are as f	ollows:	
CSSG Affiliate Holdings,	Tnc 308 Po	ufe 39 Moo	restown NT 08	057	
obbo militaridos, notaringo,		ace 30, 100	TESCOWII, NO 00		': '
		2 1			
	, ,=		·		<u> </u>
		<u>, , , , , , , , , , , , , , , , , , , </u>	_ · <u>_ · _</u>		<u></u> 4 ±.₹
					<u>_</u> -,
Attached is an original certificate of exister					
the jurisdiction under the law of which it is			ble. If the certificate is in	a toreign languag	je, а
translation of the certificate under oath of the	ne translator must be s	uomittea.)			
Nature of business or purposes to	ha anndusted on	romotod in El	omido. Titlo Co	rari a a a	
Nature of business or purposes to	be conducted or j	promoted in ri	onda: <u>litte se</u>	rvices	<u> </u>
				F - 2	
	(n & n -		* 1		- ''
IXX				`	
Signature of a r	nember or an auth	orized represe	ntative of a member	•	•
(In accordance with	section 608.408(3), F.S	., the execution of t	his document constitutes		

Lynn Feldman, Vice President

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Compa	any is:		
Achievement Title, LLC	<u></u>		
2. The name and the Florida street address of	of the registe	ered agent and of	fice are:
Corporat:	ion Servi	ce Company	
	(Name)		
	1 Hays St	reet <u>NOT</u> ACCEPTABLE)	<u></u>
rionda street addi	ress (P.O. BOX	NOT ACCEPTABLE)	
Tallahassee	<u>FL</u>	3230	<u> </u>
(C	City/State/Zip)		
Having been named as registered agent and a liability company at the place designated in the registered agent and agree to act in this capa statutes relating to the proper and complete paccept the obligations of my position as registive (Signature)	his certificat acity. I furthe performance	e, I hereby accepter agree to comple of my duties, and	t the appointment as ly with the provisions of all I I am familiar with and

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACHIEVEMENT TITLE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACHIEVEMENT TITLE, LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



3750693 8300 ...

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2877307

040037253 DATE: 01-19-04