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ACCOUNT NO. : 072100000032

REFERENCE 767300

67300 5074089

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: June 21, 2004

ORDER TIME : 9:39 AM

ORDER NO. : 767300-005

CUSTOMER NO: 5074089

CUSTOMER: Mr. Charles P. Ferraro

Mr. Charles P. Ferraro

444 Route 111

Smithtown, NY 11787

FOREIGN FILINGS

NAME:

SUMMIT NATIONAL SETTLEMENT

SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of foreign limited liability company) 2. NEW YORK (Jurisdiction under the law of which foreign limited liability company) 3. 20-0916374 (Jurisdiction under the law of which foreign limited liability company) 4. 02/12/2004 (Date of Organization) 5. perpetual (Duration: Year limited liability company will consist or "perpetual") 6. Have not begun business in Florida yet. (Date first transacted business in Florida (See sections 608.501, 608.502, and 817.155, F.S.) 7. 600 Old Country Road, Suite 310 Garden City, NY 11530 Garden City, NY 11530 (Street address of principal office) 3. If limited liability company is a manager-managed company, check here 1. The name and usual business addresses of the managing members or managers are as follows: Michael Garger, 600 Old Country Road, Suite 310, Garden City, NY 11: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cust the jurisdiction under the law of which it is organized (A photocopy is not acceptable. If the certificate is in a foreign translation of the certificate under each of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Title Insurance / Settlement Services	TO TO
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Title Insurance / Settlement Services	
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Typed or printed name of signee

Christopher J. Delisle

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.

基础 200 技术

STATE OF FLORIDA.
1. The name of the Limited Liability Company is:
SUMMIT NATIONAL SETTLEMENT SERVICES, LLC
2. The name and the Florida street address of the registered agent and office are:
Corporation Service Company
(Name)
Florida street address (P.O. Box NOT ACCEPTABLE)
Tallahassee FI 32301 (City/State/Zip)
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. (Signature)

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

State of New York Department of State

I hereby certify, that SUMMIT NATIONAL SETTLEMENT SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/12/2004, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 21st day of June two thousand and four.

Secretary of State

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