M0500000192

| (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: |
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| 855, 647,671 |
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WO4-47398



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CECCETARY OF STATE
OF STATE



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 29, 2004

JASON A. KRON 159 ST MATTHEWS AVE STE 4 LOUISVILLE, KY 40207

SUBJECT: HERITAGE TITLE SERVICES, LLC

Ref. Number: W04000047398

We have received your document for HERITAGE TITLE SERVICES, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 304A00071895

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Heritage Title Services, LLC (Name of Limited Liability Company) |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the following: |
| Jason A. Kron (Name of Person) Her tage Title Services (1) |
| Heritage Title Services, LLC (Firm/Company) |
| 159 St. Mathews Ave. Suite 4 |
| (Address) |
| Louisville, Kentucky 40207 |
| (City/State and Zip Code) |
| (City/State and Zip Code) For further information concerning this matter, please call: |
| Jason Kron at (502) 895-5045 5 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

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

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREX LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | ΞN |
|---|----|
| ▲ | |
| 1. Heritage Title Services, LLC (Name of Foreign Limited Liability Company) | |
| 2. Kenfucky (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) | |
| company is organized) | |
| 4. 3/30/63 5. Der petual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | |
| 6. | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7. 159 St. Mathews Are. Suite 4 | |
| 7. 159 St. Mathews Ave. Suite 4 Louisville Kentucky 40207 (Street Address of Principal Office) | |
| (Street Address of Principal Office) | |
| 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows 9. The name and usual business addresses of the managing members or managers are as follows | |
| 9. The name and usual business addresses of the managing members or managers are as follows: | - |
| Donald Ridge | F |
| 159 St. Mathews Are Suite 4 30 3 | ח |
| Louisville, Ky 40207 5 5 | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) | n |
| 11. Nature of business or purposes to be conducted or promoted in Florida: real estate | |
| Closings | |
| Jason D. Knon | |
| Signature of a member or an authorized representative of a member. | |
| (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | |
| JASON A. Kron | |
| 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 Company is: Heritage Title Services, LCC | | |
|--|--|------|
| 2. The name and the Florida street address of the registered agent and office are: | | |
| 5627 Naples Blud. Unit B | 200 SE TAL | • |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) Notes FL City/State/Zip | 2005 JAN -5 A SECRETARY OF ALLAHASSEE, | |
| Having been named as registered agent and to accept service of process for the above sta | AM 10: Lated limited | Ö |
| liability company at the place designated in this certificate, I hereby accept the appointm agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Sta | ill statutes d accept the | ered |
| (Signature) | | |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Commonwealth of Kentucky Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HERITAGE TITLE SERVICES LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is March 20, 2003.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 3rd day of January, 2005.

Certificate Number: 9076 Jurisdiction: Florida

Visit http://www.sos.ky.gov/obdb/certvalidate.aspx to validate the authenticity of this certificate.



Trey Grayson Secretary of State Commonwealth of Kentucky 9076/0556625