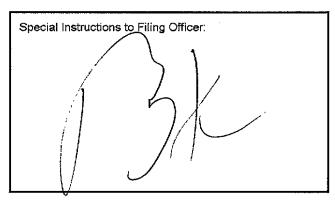
# M05000003770

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



Office Use Only



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05 JUL -8 PM 1:39
SECRETARY OF STATE
PALLAHASSEE, FLORIE





ACCOUNT NO. : 072100000032

AUTHORIZATION : Ottocia With

COST LIMIT : \$ \$125.00

ORDER DATE: July 7, 2005

ORDER TIME: 9:56 AM

ORDER NO.: 470967-005

CUSTOMER NO: 7155110

CUSTOMER: Karen Curry
Cendant Corporation
1 Campus Drive

Parsippany, NJ 07054

#### FOREIGN FILINGS

NAME: LEHIGH TITLE, LLC

XXXX C	UALIFIC	ATION (TYPE: <u>LL</u> )
PLEASE	RETURN	THE FOLLOWING AS PROOF OF FILING:
XX	PLAIN	STAMPED COPY
CONTACT	PERSON	I: Denise Mick EXT# 2950
		EXAMINER:

ALCHARGE AND THE STREET

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. Lehigh Title,				
	(Name of Foreign Li			
DE	e law of which foreign limited lia	3. <sup>z</sup>	oplied for (FEI number, if ap	<u> </u>
(Jurisdiction under the company is organized	ie law of which foreign limited lia d)	bility	(FEI number, if ap	plicable)
6/17/05	of Organization)	<u>5</u> ∵∫¥	erpetual	
(Date	of Organization)		Duration: Year limited liability xist or "perpetual")	company will cease to
n/a				
	(Date first transacted busines (See sections 608,501 & 608,5	s in Florida 02 F.S. to o	if prior to registration.) etermine penalty liability)	
3001 Leadenha	LI Road, Mount Laurel,	080 LN	4	•
• —		·· <del>·</del>		<del></del>
	(Street A	ddress of P	incipal Office)	· · · · · · · · · · · · · · · · · · ·
1011 1, 111 1 111	•	•		
. It iimited iiabiiit	y company is a manager-ma	naged cor	ipany, check here	
Tille a marrie and t				
. The name and us	sual business addresses of th	e managir	g members or managers ar	e as follows:
			<del>-</del>	
	er, CSSG Affiliates Ho		<del>-</del>	
	er, CSSG Affiliates Ho		<del>-</del>	
Managing Memb	er, CSSG Affiliates Ho		<del>-</del>	
Managing Memb	er, CSSG Affiliates Ho		<del>-</del>	
Managing Memb	er, CSSG Affiliates Ho	ldings	Inc., 3001 Leadenhall	Road,
Managing Memb  Mount Laurel,  O. Attached is an origin	er, CSSG Affiliates Ho	ldings,	inc., 3001 Leadenhall old, duly authenticated by the office	Road,
Managing Memb  Mount Laurel,  Mount Laurel,  O. Attached is an origin  te jurisdiction under the	er, CSSG Affiliates Ho NJ 08054 al certificate of existence, no more the	ldings, han 90 days	old, duly authenticated by the office of acceptable. If the certificate is in	Road,
Managing Memb  Mount Laurel,  Mount Laurel,  O. Attached is an origin  te jurisdiction under the	er, CSSG Affiliates Ho	ldings, han 90 days	old, duly authenticated by the office of acceptable. If the certificate is in	Road,
Managing Memb Mount Laurel,  Mount Laurel,  O. Attached is an origin  rejurisdiction under the anslation of the certification	er, CSSG Affiliates Ho NJ 08054 al certificate of existence, no more fl law of which it is organized. (A phate under oath of the translator must	ldings, han 90 days notocopy is r be submitte	old, duly authenticated by the office of acceptable. If the certificate is in	Road,  cial having custody of recon a foreign language, a
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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.

Tenigh IICI	e, LLC		
2. The name	and the Florida street addre	ess of the registered agent and office a	re:
	Corporation Service	e Company	
		(Name)	
	1201 Hays Street		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	•
		nd to accept service of process for the a	L

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

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEHIGH 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 SEVENTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEHIGH TITLE, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2005.

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.

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4005229

3987373 8300

050564704

DATE: 07-07-05