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Office Use Only



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ACCOUNT NO. : 07210000032

REFERENCE: 481659

AUTHORIZATION :

COST LIMIT

SUL 5 PALLS

7462312

ORDER DATE: July 13, 2005

ORDER TIME : 9:41 AM

ORDER NO. : 481659-025

CUSTOMER NO: 7462312

CUSTOMER: Mr. Terry Delong Mr. Dave Foster 21 Congress Street

Saratoga Spring, NY 12866

FOREIGN FILINGS

NAME: ISIS TITLE SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER:

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

I COMPLIANCE WITH SECTION 601503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN IMPORTANT TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA	S SUBMITTED TO REGISTER A FORES
ISIS TITLE SERVICES LLC	
(Name of Foreign Limited Liability Company)	
2. DELAMARE 3. 76-07	72176 unber, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI nu company is organized)	unber, if applicable)
4 11/17/2004 5. FERPETUAL	
(Date of Organization) (Duration; Year limi exist or "perpetual")	ted liability company will cease to
6. N/A	
(Date first transacted business in Florida, if prior to registrati (See sections 608 501 & 608 502 F S to determine penalty liab	on.) pility)
7 21 Congress ST, Suite 201	
Sara to ga Spring NY 12866 (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 ma	anagers are as follows:
Chris Lang	
21 Congress St, Svite 201	
21 Congress St, Suite 201 Saratoga Springs NY 12866	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticate the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the organization of the certificate under oath of the translator must be submitted)	d by the official having custody of records
11. Nature of business or purposes to be conducted or promoted in Florida	: Title Services
Signature of a member of an authorized representation (in accordance with section 608 408(3), F S, the execution of this do	
an affirmation under the penalties of perfury that the facts stated here	

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

of the Limited Liability Con	ipany is:	
	s of the registered agent and office are:	
Patricia Stoliker	(Name)	
1025 S. Semoran Blvd		
Florida Street A	ddress (P O Box <u>NOT</u> ACCEPTABLE)	
Winter Park,	FL 32792	<u>.</u>
	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, Florida Statutes.

By: Oliker Stoliker (Signature)

\$ 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 "ISIS TITLE SERVICES 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 FOURTEENTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ISIS TITLE SERVICES LLC" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 4019365

050581669

3882615 8300

DATE: 07-14-05