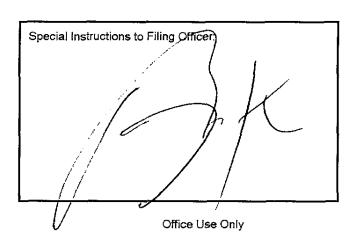
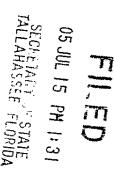
M05000003907

	(Requestor's Name)
<u></u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status





400055958514







•					
ACCOUNT NO. : 072100000032					
REFERENCE : 481659 7462312					
AUTHORIZATION : Patricia Paris					
COST LIMIT : \$ \$125.00					
ORDER DATE: July 13, 2005					
ORDER TIME: 9:37 AM					
ORDER NO. : 481659-005					
CUSTOMER NO: 7462312					
CUSTOMER: Mr. Terry Delong Mr. Dave Foster 21 Congress Street					
Saratoga Spring, NY 12866					
FOREIGN FILINGS					
NAME: ULYSSES TITLE SERVICES LLC					
XXXX QUALIFICATION (TYPE: <u>LL</u>)					
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

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA I. ULYSSES TITLE SERVICES LLC (Name of Foreign Limited Liability Company) 2 DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) Date first transacted business in Florida, if prior to registration (See sections 608 501 & 608 502 F S to determine penalty liability) 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: 10 Attached is an original certificate of existence, no more than 90 days old, duly anthenticated 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 oath of the translator must be submitted.) 11 Nature of business or purposes to be conducted or promoted in Florida: Title 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 penulties of perjury that the facts stated herein are true)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE

		COMPANY SUBMITS THE FOLLOWING THE FOLLOWING THE AND REGISTERED AGENT IN THE	
1. The name	of the Limited Liability Co	ompany is:	
ULYSSES TI	TLE SERVICES LLC		
2. The name	and the Florida street addr	ess of the registered agent and office are:	
	Patricia Stoliker		
		(Name)	
	1025 S. Semoran Blu Florida Street	Address (PO Box NOT ACCEPTABLE)	
	Winter Park,	FL 32792	
		City/Sinte/Zip	
liability comp agent and agr relating to the	nany at the place designated ree to act in this capacity. I e proper and complete perfo	and to accept service of process for the above in this certificate, I hereby accept the appoint further agree to comply with the provisions armance of my duties, and I am familian with gent as provided for in Chapter 608, Florida	ntment as registered of all statutes and accept the

\$ 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 "ULYSSES 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 "ULYSSES 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.



3882651 8300

Warriet Smith Windson Secretary of State

AUTHENTICATION: 4019350

050581657 DATE: 07-14-05