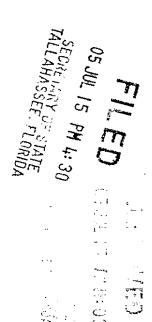
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المست
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) (Document Number)
Certified Coples Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE :

481659

7462312

AUTHORIZATION

COST LIMIT

ORDER DATE: July 13, 2005

ORDER TIME: 9:43 AM

ORDER NO. : 481659-040

CUSTOMER NO: 7462312

CUSTOMER: Mr. Terry Delong Mr. Dave Foster

21 Congress Street

Saratoga Spring, NY 12866

FOREIGN FILINGS

NAME: APOLLO 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:

SUL S PA L. 30

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.

AFOLLO TITLE SERVICES LLC				
(Name	of Foreign Limited Liabil	ity Company)		
DELAWARE Jurisdiction under the law of which fore company is organized)	3	76-0772 (FEI numb	er, if applicable	
11/17/2004 (Date of Organization)		ERPETUAL (Daration: Year limited exist or "perpetual")	jability compa	ny will cense to
(Date first tra (See sections 6)	N A sacted business in Florida 8 501 & 608 502 F.S. to d	if prior to registration		
21 Congress st	Suite 20			
Savatoga Spot	79 5 NY (Street Address of Pr	12866 incipal Office)		
If limited liability company is a	manager-managed con	pany, check here 🛭	3	
The name and usual business add	iresses of the managin	g members or mana	gers are as fo	llows:
Chris Lang				
21 Congress	St Suite	701		
Saratoga sp	dngs, N	Y 12866	2	
Attached is an original certificate of existantisticion under the law of which it is or slation of the certificate under oath of the Nature of business or purposes	ganized. (A photocopy is rutanslator must be submitted	otacceptable. If the certif L)	icate is in a fore	ing custody of rece sign language, a Serv ICOS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	016	,		·
(In accordance wi	a member or an author th section 608 408(3), F S , th aler the punalties of perjury th	e execution of this docume	ent constitutes	
			,	
Clos	Stopher Las	09		

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 o	f the Limited Liability Company is:
APOLLO TITLE	SERVICES LLC
2. The name a	nd the Florida street address of the registered agent and office are;
	Patricia Stoliker
	(Name)
	1025 S. Semoran Blvd, Suite 222 Florida Street Address (P O Box NOT ACCEPTABLE)
	Winter Park, FL 32792 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: 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 "APOLLO 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 "APOLLO 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.

Darriet Smith Windson Secretary of State

AUTHENTICATION: 4019384

DATE: 07-14-05

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