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COVER LETTER

_	tration Section on of Corporations		
SUBJECT:	SSS Title Age	ency, LLC	
•	(Name of Li	mited Liability Company)	
Florida," Cert	• • •	iability Company for Authorization to Transact submitted to register the above referenced foreig.	
Please return	all correspondence concerning this	matter to the following:	
	Micha	nel D. Vanover	. 0
	(Name of Person)		SSE
	SSS Tit	le Agency, LLC	FILED - FILED
	(F	Firm/Company)	
	401 Four	ntain Lakes Blvd.	39
		(Address)	
	St. Charl	es, MO 63301	
	(City/	State and Zip Code)	
For further in	formation concerning this matter, p	lease call:	
	Mike Vanover	at (636) 925-8640	
	(Name of Person)	(Area Code & Daytime Telephone Numb	er)
Divisi P.O. E	cing Address: on of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: 5.00 Filing Fee \$\sum_{\text{S}}\$130.00 Filing Fee & Certificate		Certificate Certified Copy

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SSS Title Agency, LLC (Name of Foreign Limited Liability Company) 20-3361962 Missouri (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) August 26, 2005 Perpetual (Duration: Year limited liability company will cease to (Date of Organization) upon approval (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 401 Fountain Lakes Blvd. St. Charles, MO 63301 (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: AEA Investments, LLC 39 S. LaSalle, Chicago, IL 60603 (John Baumgart) Superior Settlement Services, LLC 1209 Springdale Rd., #17, Cherry Hill, NJ 08003 (Chuck Arena) 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: title insurance 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.)

Michael D. Vanover
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:	
SSS Title Age	ency, LLC		
2. The name	and the Florida street ad	dress of the registered agent and office a	re:
	NRAI Services, Inc.		
		(Name)	ST SEP 29
	2731 Executive Park D	Drive, Suite 4	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		3
	Weston	FI. 33331	MITT: 3:
		City/State/Zip	夏 州 弘
liability comp agent and agr relating to the	any at the place designate ree to act in this capacity. r proper and complete per my position as registered	t and to accept service of process for the a ed in this certificate, I hereby accept the ap I further agree to comply with the provisi formance of my duties, and I am familiar v I agent as provided for in Chapter 608, Fla	opointment as registered ons of all statutes with and accept the
	(Signature)		

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





Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

SSS TITLE AGENCY LLC LC0681305

was created under the laws of this State on the 26th day of August, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 7th day of September, 2005

Alm amahan Secretary of State

Certification Number: 8010445-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verif

