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SECRETARY OF STATE TALLAHASSEE, FLORIDA

. COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Paramount Title LLC (Name of Limited Liability Company)	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida	n
Please return all correspondence concerning this matter to the following:	
Mike Reeve	
(Name of Person)	
Excel Title of Florida, LLC (Firm/Company)	
(Firm/Company)	
2082 Edgewood D. E. (Address)	•
Lakeland FL 33803	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Brian Hoelscher at (952) 841-0000 =	(PAC)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee} \Bigsim \frac{1}{30.00}\$ \text{ Filing Fee} \& \Bigsim \frac{1}{30.00}\$ \text{ Filing Fee} \& \Bigsim \frac{1}{30.00}\$ \text{ Filing Fee} \& \Bigsim \frac{1}{30.00}\$ \text{ Filing Fee}, \text{ Certificate} \text{ Certified Copy} \text{ of Status & Certified Copy}\$	ру

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Mar.

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

	OMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORE. TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	G!
1.	Paramount Title, LLC (Name of Poreign Limited Liability Company)	
_		
2	Minuesota risdiction under the law of which foreign limited liability (FEI number, if applicable)	
(Ju	nnany (c organized)	
4	(Date of Organization) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
б.	NA	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	7600 Parklawn Ave	
	Svite 408, Edina, MN 55435	
_	(Street Address of Principal Office)	
8. If	Timited liability company is a manager-managed company, check here	
	· · · · · · · · · · · · · · · · · · ·	
9. T	he name and usual business addresses of the managing members or managers are as follows:	
	Brian Hoelscher	
_	7701 France Ave. S. Suite 100	
	Edina, MN 55435	
10 A	trached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records	in
thejur	isdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	
transla	tion of the certificate under cath of the translator must be submitted.)	
11. 1	Nature of business or purposes to be conducted or promoted in Florida: THE Insusance	
	Agency ARR ST	3
	Maria 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,
	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.) Prior Helscher Typed or printed name of signal.	
1	Brian Hoelscher BH o	
	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.

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATELORIDA.	re of	
1. The name of the Limited Liability Company is: Paramount Title, LLC		·
2. The name and the Florida street address of the registered agent and office are:		
Mike Reeve		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Lakeland FL 33803 City/State/Zip		
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all statements of the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties.	as registere tatules cept the tes	? d
LIAH.	2006 NA	
MICHAEL P REEVE SEE	MAY 22 A IO: 07	
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Continue (continue)	1 0	

Certificate of Status (optional)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

Mary Kiffmeyer, Secretary of State of Minnesota, do The limited liability company listed below is a certify that: liability company formed or registered to do business limited under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to an application for a certificate of business by filing authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter \$22B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

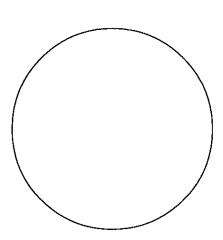
Name: Paramount Title, LLC

Date Formed or Registered: June 24, 2002

State of Organization: Minnesota

This certificate has been issued on May 4, 2006.

2000 HAY 22 A 10: 0
SECRETARY OF STATE



Mary Kiffneyer
Secretary of State.