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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: East Orlando Title, LLC			
	ted Liability Company)		
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited		
Please return all correspondence concerning this management	atter to the following:		
Krist	y Husbands		
(Name of Person)			
smartertitle.com, LLC			
(Firm/Company)			
101 Ponds	Edge Drive, Ste 300		
	(Address)		
Chadds For	d PA 19317		
(City/State and Zip Code)			
For further information concerning this matter, plea	ase call:		
Kristy Husbands	_at (_610) 388-3900		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & 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: East Orlando Title, LLC (Name of Foreign Limited Liability Company) Delaware 20-5265815 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual 4. 7/25/2006 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon licensure (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 215 Celebration Place, Suite 310 Celebration FL 34747 (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: ANSS-FL- 215 Celebration Place, Suite 310 Celebration FL 34747- Managing Member East Orlando Title and Associates, LLC- 3486 Woodley Park Place Oviedo FL, 32765-Member Lorie Tyrrell- 3486 Woodley Park Place Oviedo FL, 32765-Member 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: Real Estate Title Insurance and Settlement Agency 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.)

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.

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ove stated limited cintment as registered as of all statutes th and accept the ida Statutes,

Filing Fee for Application Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EAST ORLANDO TITLE, 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 SECOND DAY OF AUGUST, A.D. 2006.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4947301

DATE: 08-02-06

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