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| (R | equestor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates of | of Status | |
| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE SECRETARY OF CORPORATIONS
06 OCT -4 PM 3: 07

LORE CO.

WOW-38711

J. BRYAN SEP - 1 2006



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2006

JOHN SPINAZZOLA RUSH TITLE, LLC 113 HEADQUATERS PLAZA MORRISTOWN, NJ 07960

SUBJECT: RUSH TITLE, L.L.C. Ref. Number: W06000038711

SECRETARY OF STATIONS
OF OCT -4 PM 3: 07

We have received your document for RUSH TITLE, L.L.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$55.00.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 306A00053535

COVER LETTER

| | CO (ZK ZZI I ZK | |
|---|---|--------------------------------------|
| TO: Registration Section Division of Corporations | | SECRETARY OF STATE OF OCT -4 PH 3: (|
| Division of Corporations | | THE SET |
| | _ 110 | 上弧点 |
| SUBJECT: RUSH TITLE | LLL | ~ 399D |
| (Name | of Limited Liability Company) | T ORF |
| | • | 3.5 |
| | ited Liability Company for Authorization to Transaction are submitted to register the above referenced foreignida | |
| | | |
| Please return all correspondence concernin | g this matter to the following: | |
| \ | W .S | |
| - 70HN 1 | (Name of Person) | _ |
| | (Name of Person) | |
| _ | · | , |
| RWH | (Firm/Company) | |
| | (Firm/Company) | _ |
| | | |
| 113 11500 | Dunger Plaza | |
| _ [13 HCADE | QUARTERS PLAZA (Address) | _ |
| | (Address) | |
| | | |
| MORRISTOW | (City/State and Zip Code) | |
| (| City/State and Zip Code) | _ |
| | ; | • |
| For further information concerning this ma | tter, please call: | |
| | | |
| JOHN SPINAZZOCA | at (973) 540-1611 | |
| (Name of Person) | at (973) 540-1611 (Area Code & Daytime Telephone Num | ber) |
| MAN INC ADDRESS | CERTIFIE A DANGE | |
| MAILING ADDRESS: Division of Corporations | STREET ADDRESS: | |
| P.O. Box 6327 | Division of Corporations Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | |
| | Tallahassee, FL 32301 | |
| | • | |
| Enclosed is a check for the following amou | | |
| \$125.00 Filing Fee \$130.00 Filing Cent | | Certificate Certified Copy |
| Core | or status of | с септец сору |

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: (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1/3 HEADQUARTERS 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: 113 HUADQUARTERS PLAZA - MORRISTOWN OHN SPINAZZOVA - 113 HEADQUARTERS 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 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.) JOHN SPINAZZOLA

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

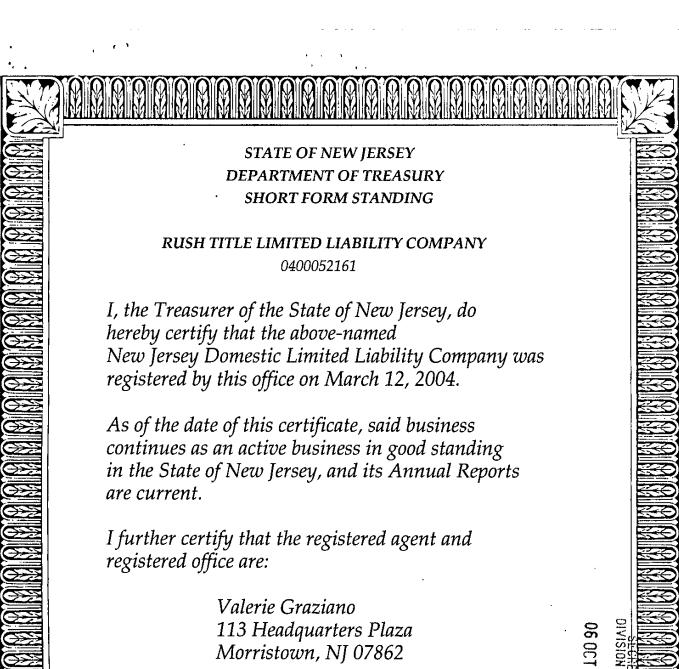
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | |
|--|---------------------|
| RUSH TITLE, LLC | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| GAILE GRAZIANO | 90 91VIG |
| (Name) | SECRET IVISION C |
| 851 NE 14th AVE - UNIT 407 Florida Street Address (P.O. Box NOT ACCEPTABLE) | FILEURARY OF CORPO |
| HALLANDALE BURCH, FL 33009 | STATE ORATIONS |

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.

(Signature)

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



Continued on next page . . .

DIVISION OF CORPORATIONS



STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

RUSH TITLE LIMITED LIABILITY COMPANY



IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of August, 2006

Bradley Abelow

Bradley Abelow State Treasurer

06 OCT -4 PH 3: 07

DIVISION OF CORPORATIONS