| M0600005690                                 |   |  |
|---|---|--|
| (Requestor's Name)<br>(Address)             | 600080442026  |  |
| (Address)<br>(City/State/Zip/Phone #)       | 10/17/0601002020 **125.00   |  |
| (Business Entity Name)<br>(Document Number) |   |  |
| Certified Copies Certificates of Status     | RECEIVED<br>06 OCT 16 PH 3: 14<br>DETECTORY CONTROLSTATE<br>DIVISION CONTROLSTATE<br>TALLARX SEE, FLORIDA |  |
| Office Use Only                             | <b>DE DE D</b>   |  |

| - FLORIDA C  | DAVE TAYLOR, PRESIDENT  |   |
|--|---|---|
|  | DAVE TAILOR, TRESIDENT  |   |
| -  |   |   |
| •  | 2331 Hanson Place<br>Tallahassee, Florida 32301   |   |
| <u> </u>   | Voice: (850) 942-5464 Fax: (850) 942-5111   |   |
|  | Office Use Only   |   |
| CORPORATION  | NAME(S) & DOCUMENT NUMBER(S), (if known):   |   |
| ,  |   |   |
| 1. Store   | Title Lice 200  |   |
| (Cor   | poration Name) (Document #)   |   |
| 2  | poration Name) (Document #)   |   |
| (Cor   | poration Name) (Document #)   |   |
| 3(Cor  | poration Name) (Document #)   |   |
| (  |   |   |
|  |   |   |
| - Walk in  | Pick up time <u>10-17-06</u> Certified Copy   |   |
| - Walk in Mail out   | Pick up time       10-17-06       Certified Copy         Will wait       Photocopy       Certificate of Status  |   |
| Mail out   | Pick up time       10-17-06       Certified Copy         Will wait       Photocopy       Certificate of Status         AMENDMENTS       Image: Certificate of Status  |   |
| Walk in Mail out   | Pick up time 10-17-06   Will wait Photocopy   Certificate of Status     AMENDMENTS  |   |
| Walk in Mail out   | Pick up time 10-17-06   Will wait Photocopy   Certificate of Status     AMENDMENTS     Amendment   Resignation of R.A., Officer/Director  |   |
| Walk in<br>Mail out<br>NEW FILINGS:<br>Profit<br>NonProfit<br>Limited Liability  | Pick up time 10-17-06   Will wait Photocopy   Certificate of Status     AMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   |   |
| Walk in<br>Mail out<br>NEW FILINGS<br>Profit<br>NonProfit<br>Limited Liability<br>Domestication  | Pick up time 10-17-06   Will wait Photocopy   Certificate of Status     AMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal  |   |
| Walk in<br>Mail out<br>NEW FILINGS<br>Profit<br>NonProfit<br>Limited Liability   | Pick up time 10-17-06   Will wait Photocopy   Certificate of Status     AMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   |   |
| Walk in<br>Mail out<br>NEW FILINGS:<br>Profit<br>NonProfit<br>Limited Liability<br>Domestication<br>Other                                  | Pick up time 10-17-06   Will wait Photocopy   Certificate of Status     AMENDMENTS:   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger  | - |
| Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS  | Pick up time 10-17-06   Will wait Photocopy   Certificate of Status     AMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal  |   |
| Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other Other Annual Report                                    | Pick up time 10-17-01   Will wait Photocopy   Certificate of Status     AMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger   | - |
| Walk in Mail out  NEW FILINGS  Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS Annual Report Fictitious Name         | Pick up time 10-17-01   Will wait Photocopy   Certified Copy   Will wait   Photocopy   Certificate of Status     AMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger                          |   |
| Walk in<br>Mail out<br>NEW FILINGS<br>Profit<br>NonProfit<br>Limited Liability<br>Domestication<br>Other<br>OTHER FILINGS<br>Annual Report | Pick up time 10-17-06   Will wait Photocopy   Certificate of Status     AMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger     REGISTRATION/   QUALIFICATION                                 | - |
| Walk in Mail out  NEW FILINGS  Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS Annual Report Fictitious Name         | Pick up time 10-17-06   Will wait Photocopy   Certificate of Status     AMENDMENTS   Amendment   Resignation of R.A., Officer/Director   Change of Registered Agent   Dissolution/Withdrawal   Merger     REGISTRATION/   OUALIFICATION   Foreign   Limited Partnership |   |

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

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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:

| 1. <u>STONE TITLE LLC</u><br>(Name of Foreign Limited Liability Company)   |
|--|
| 2. MARYLAND<br>(Jurisdiction under the law of which foreign limited liability<br>company is organized)<br>3. ZO - Z84134FG G<br>(FEI number, if applicable)  |
| 4. <u>5-9-05</u><br>(Date of Organization)<br>5. <u>VERPETUAL</u><br>(Duration: Year limited liability company will céase to<br>exist or "perpetual")  |
| 6. <u>Upon qualification</u><br>(Date fifst transacted business in Florida, if prior to registration.)<br>(See sections 608.501 & 608.502 F.S. to determine penalty liability)                                     |
| 7. 3 BETHESDA METRO CENTER, SUITE 700<br>BETHESDA UND ZOBIA  |
| (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:   |
| Anthony Wenig<br>Victoria Stone  |
| <u>3 Bethesda Metro Center, Suite 700</u><br>Bethesda, MO ZOB14<br>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 - SETTEMEN  |
|---|---|
|   | Signature of a member or an authorized representative of a member.  |
|   | (In accordance with section 608.408(5), F.S., the execution of this document constitutes<br>an affirmation under the penaltics 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.

1. The name of the Limited Liability Company is:

Stone Title 140

2. The name and the Florida street address of the registered agent and office are:

Florida Compliance Specialists Tre 2331 HAWSEN PLACE Florida Street Address (P.O. Box NOT ACCEPTABLE)

TAllahasser FL 3230/ 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.

Ars Ar/10 (Signature)

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



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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