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SECRETARY OF STATE STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Orleans Abstract Company, LCC (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				
Please return all correspondence concerning this matter to the following:				
Frank D. Violi (Name of Person) Special Services of Person)				
(Name of Person) CT 配				
Pioneer Agency Acquisition Company (Firm/Company) Gal Freedom Business Center Drive 4th Floor				
GAO Freedom Business Center Drive, 4th Floor (Address)				
King of Prussia, PA 19406 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Sheila Donahue at (6/0) 233-4155 (Name of Person) (Area Code & Daytime Telephone Number)				
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: \$\sum_\$125.00 \text{ Filing Fee}\$ \sum_\$130.00 \text{ Filing Fee & } \sum_\$155.00 \text{ Filing Fee & } \sum_\$\$160.00 \text{ Filing Fee, Certificate } \text{ Certified Copy}\$ Certificate of Status & Certified Copy				

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Orleans Abstract Company LLC (Name of Foreign Limited Liability Company)
2. Pennsylvania 3. 04-3830/43 FEI number, if applicable)
4. 10/26/05 (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. One Greenwood Square, 3333 Street Road, Bensalem, PA 19020
(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:
Frank D. Violi - Pioneer Agency Acquisition Company
620 Freedom Business Center Drive, 4th Floor
King of Prussia, AA 19406
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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Title Insurance
Agency
Tean 1) lash
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.)
Frank D. Violi
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:	
Orleans Abstract Company, LLC	S PAR
2. The name and the Florida street address of the registered agent and office are:	SOCT 18
Business Filings Incorporated (Name)	ORFORAT
1203 Governors Square Blud, Suite 101 Florida Street Address (P.O. Box NOT ACCEPTABLE)	13 TONS
Tallahassee FL 32301-2960 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.

(Signature) Rusiness Filings Incorporated

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

\$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 11, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ORLEANS ABSTRACT COMPANY LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 6289969-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp