M0700000 5304

| (| (Requestor's Name) |
|--------------------------------------|---|
| - | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (| Business Entity Name) |
| (| (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
| AUTHORIZA <u>Q dd</u> CORRECT_ | Boctone GAVE ATION BY PHONE TO The Principal Goldiess 30107 |

Office Use Only



200106896832

08/20/07--01041--022 **160.00

07 AUG 20 AM 10: 2

SECRETARY OF STATE OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: National Title Agency, LLC | |
|---|--|
| | d Liability Company) |
| The enclosed "Application by Foreign Limited Liabil Florida," Certificate of Existence, and check are submitability company to transact business in Florida | ity Company for Authorization to Transact Business in nitted to register the above referenced foreign limited |
| Please return all correspondence concerning this matt | er to the following: |
| Peggy Bortone | |
| (Name | of Person) |
| National Title Agency, LLC | |
| (Firm/ | Company) |
| 999 Walt Whitman Road, Su | |
| (A | ddress) |
| Melville, New York 11747 | |
| (City/State | and Zip Code) |
| For further information concerning this matter, please | call: |
| Robert J. Lobosco | at (631) 423-1300 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | TREET ADDRESS: Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\sum \\$125.00 \text{ Filing Fee } \sum \\$130.00 \text{ Filing Fee & Certificate of Sta} | \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate tus Certified Copy of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2007

PEGGY BORTONE NATIONAL TITLE AGENCY, LLC 999 WALT WHITMAN RD -S TE 201 MELVILLE, NY 11747

SUBJECT: NATIONAL TITLE AGENCY, LLC

Ref. Number: W07000040973

We have received your document for NATIONAL TITLE AGENCY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

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) 245-6855.

Tammy Hampton Document Specialist

Letter Number: 507A00050642

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314 File Date

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that w | e are the Managers and/or Managing |
|---|---|
| Members of NATIONAL TITLE Age (Name of Limited I | ener, LLC |
| (Name of Limited L | .iability Company) |
| a limited liability company duly organized an | d existing under the laws of |
| New Jesse 4 (State or Country of Organization) | |
| Because the name of this foreign limited liabi | lity company does not satisfy the |
| requirements of the s. 608.406, F.S., the limite | ed liability company hereby adopts the |
| following name to transact business in the star | te of Florida: |
| NAtional Agency LLC (Name to be used by limited liability company in Florida. No Company, L.L.C., or J.L.C.) Date: 8/20/07 | OTE: Name must end with Limited Liability |
| | |
| Signature(s) of Manager(s) and/or Managing | Member(s): |
| Fort / W | RAYMOND J. SURIS |
| 1/12 | RALPH. H. PECORALE |
| <u> </u> | |
| | |
| 4000 | |
| | |
| | |
| | |
| | |

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: 1. National Title Agency, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") National Agency, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") New Jersey (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4 6/08/2007 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 9/2006 as a Domestic LLC (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: Ralph H. Pecorale - 999 Walt Whitman Road, Melville, New York 11747 Raymond J. Suris - 17-19 Madison Street, Newark, New Jersey 07105 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in

11. Nature of business or purposes to be conducted or promoted in Florida:

the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a

| — :, | | | | _ | 4 4 1 | | | |
|-------------|--------|--------|---|---|------------|---------|---------|--|
| 1 11 | \sim | \sim | \sim | | `++ | ~~ | + | |
| 4 11 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 3 E 1 E | |
| | いし | ar | | - | | 110 | , I I L | |

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.)

Raymond J. Suris

translation of the certificate under oath of the translator must be submitted.)

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: |
|--|
| National Title Agency, LLC |
| If name unavailable, the alternate name to be used in the state of Florida is: National Agency, LLC |
| 2. The name and the Florida street address of the registered agent and office are: |
| DRAT Services, Inc. |

2731 Executive Park Drive, Ste 4
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Weston FL 33331
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.

Lisa Reeves. Assistant Secretary

by: Lina (Signature) 8/10/01

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY DEPARTMENT OF TREASURY FILING CERTIFICATION (CERTIFIED COPY)

NATIONAL TITLE AGENCY, LLC

I, the Treasurer of the State of New Jersey, do hereby certify, that the above named business did file and record in this department the below listed document(s) and that the foregoing is a true copy of the as the same is taken from and compared with the original(s) filed in this office on the date set forth on each instrument and now remaining on file and of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and

affixed my Official Seal at Trenton, this 27th day of June, 2007

Bradley Abelow

Bradley Abelow State Treasurer