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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Lexicon Title, LLC				
	ited Liability Company)			
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are suliability company to transact business in Florida				
Please return all correspondence concerning this m	natter to the following:			
Gregory T. Mizen				
(Na	me of Person)			
Lexicon Title, LLC				
	m/Company)	, , , , , , , , , , , , , , , , , , ,		
28377 Davis Parkway - Su	ite 607-B	TALLAN TALLAN	HIS ENE	CONTRACTOR OF THE PARTY OF THE
	(Address)	TARY OF	前3 SEP 23 AM 10: 5	
Warrenville, IL 60555		ES	750	
(City/St	ate and Zip Code)	DE COM	77	
For further information concerning this matter, ple	rase call:	-1207		
Gregory T. Mizen	at (630) 364-5500			
(Name of Person)	(Area Code & Daytime Telephone	Numbe	r)	
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{2}\$\$125.00 Filing Fee \text{\text{Sign}}\$\$130.00 Filing Fee \text{\text{Certificate of }}\$	\$155.00 Filing Fee & \$160.00 Filing Status Certified Copy of S	ng Fee, Ce Status & C		

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. Lexicon Title, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2 Illinois 3 26-3277072
2. Illinois (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-3277072 (FEI number, if applicable)
4. 922008 5. Perpetual (Date of Organization) 5. Unration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 28377 Davis Parkway - Suite 607-B
Warrenville, IL 60555
(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:
Gregory T. Mizen
28377 Davis Parkway - Suite 607-B
Warrenville, IL 60555
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 agent
and escrow services
1117
Signature of a member or an authorized representative of a member. (In presentative of a member or an authorized representative of a member. (In presentation of a member or an authorized representative of a member. (In presentation of a member or an authorized representative of a member. (In presentation of a member or an authorized representative of a member. (In presentative of a member or an authorized representative of a member. (In presentative of a member or an authorized representative of a member. (In presentative of a member or an authorized representative of a member. (In presentative of a membe
Gregory T. Mizen

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:		
Lexicon Title, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
Eurice Gallets	ANT SERET	-71
2825 5W 22rd Avr Ste. 105 Florida Street Address (P.O. Box NOT ACCEPTABLE)	23 A ARY OF SSEE.	O PERSON
Delcay Beach FI 33445 City/State/Zip	AM 10: 51 OF STATE E. FLORIDA	

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)

S 5.00 Certificate of Status (optional)

File Number

0302874-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

LEXICON TITLE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 02, 2008, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 0826201180

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH

day of SEPTEMBER

A.D.

2008

sse White

SECRETARY OF STATE