Division of Corporations Public Access System

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Freihert Title Group, LLC

Certificate of Status	0
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MAR 1/1 2009

EXAMINER

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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.	Freibert Title Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
ÇQ	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writenast of the managers of managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")	ttøn
	Kentucky (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-3940860 (FEI number, it applicable)	
4.	12/31/2008 5. Perpetual (Duration; Year limited liability company will cease to exist or "perpetual")	
6.	Upon Qualification (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	4305 Low Trail Court, Louisville, KY 40299	······································
	(Street Address of Principal Office)	. E
8.	If limited liability company is a manager-managed company, check here	L
9 .	The name and usual business addresses of the managing members or managers are as follows:	C
	Shawn Freibert, 4035 Low Trail Court, Louisville, KY 40299	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records ignised under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a nation of the certificate under eath of the translator must be submitted.)	in
11	. Nature of business or purposes to be conducted or promoted in Florida:	
	Title and Escrow Services	
	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.)	
	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.

2. The name and the Florida street address of the registered agent and office are: CT Corporation System	If name u	le Group, LLC navailable, the alternate	e name to be	used in the state of	Florida is:	, , , , , , , , , , , , , , , , , , , 	
CT Comporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 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 abligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. CT Corporation System						v	
(Name) (Name)	2. The na	me and the Florida stre	et address of	i the registered ager	n and office are:	<u> </u>	9
Plantation Plantation FL 33324 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 apligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.		C T Corporation Sv	stem			L'è	=
Plantation Florida Street Address (P.O. Box NOT ACCEPTABLE)				(Name)		THE HE	
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	1/	(Signature)	(
Madonna Cuddihy \$ 100.00 Filing Fee for Application	Madonn	a Cuddihy	\$ 100.00	Filing Fee for App	lication		
cial Assistant Secretary \$ 25.00 Designation of Registered Agent	Madona ista lak	a Cuddihy	\$ 25.00	Designation of Re	gistered Agent		
1 100.00 Clinig Dec 101 Application	Aadona al Assi	a Cuddihy	\$ 25.00 \$ 30.00	Designation of Re- Certified Copy (op	gistered Agent stional)		

Commonwealth of Kentucky Trey Grayson, Secretary of State 3/10/2009

Division of Corporations
Business Filings

P. O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov Certificate of Existence

Authentication Number: 77626

Jurisdiction: Kentucky

Visit http://apps.sos.kv.gov/business/obdb/certvalidate.aspx_to authenticate this certificate.

l, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

FREIBERT TITLE GROUP, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is December 31, 2008.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 10th day of March, 2009.



Trey Grayson Secretary of State Commonwealth of Kentucky 77626/0720451