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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Professional title and Abstract Company of Florida,

Certificate of Status	0
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9/28/2009

SEP 2 9 2009

## 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:

LL	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLOKIDA:	
1.	PROFESSIONAL TYTLE AND ABSTRACT COMPANY OF FLORIDA, LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
CO	name unavailable, onter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability impuny," "L.L.C." "LLC."	
2.	DECAMARY .	
	DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	
4.	SEPTEMBER 15, 2009 c PERPETUAL.	
.,	(Date of Organization) (Duration: Year limited liability company will ceased exist or "perpetuul")	
6.	UPON REGISTRATION IN FLORIDA	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)	
7.	900 SOUTH PINE ISLAND ROAD, SUITE 400	
	PLANTATION, FLURIDA 33324 (Street Address of Principal Office)	
	(Succe Address of Petiticipal 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:	
Professional title and abstract company of florida, inc.		
	900 SOUTH PINE ISLAND ROAD, SUITE 400	
	PLANTATION, FLORIDA 33324	
the ten	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custoxly of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under onth of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida:	
	company may engage in any activity or husiness parmitted under the Flerida Business Corporation Act, including but	
	not limited to title searches performed, title examination ervices and forcelosure administration.	
	Signature of a member or an authorized representative of a member. (In accordance with section 508.408(3), F.S., the execution of this document constitutes an affirmation matter the sensities of perjury that the facts stated herein are true.)	
	DAVID J. STERN	
	Typed or printed name of signee	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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:	
PROFESSIONAL TITLE AND ABSTRACT COMPANY OF FLORIDA, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	IAI.
DAVID J. STERN	LAR
(Name)	ETARY
900 SOUTH PINE ISLAND ROAD, SUITE 400	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLS.
PLANTATION BY 33324	ORIC
City/State/Zip	Ď
Having been named as registered agent and to accept service of process for the above stated to liability company at the place designated in this certificate, I hereby accept the appointment a agent and agree to act in this capacity. I further agree to comply with the provisions of all stateduting to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with according to the proper and complete performance of my duties, and I am familiar with according to the proper and complete performance of my duties, and I am familiar with according to the proper and complete performance of my duties, and I am familiar with according to the proper and complete performance of my duties, and I am familiar with according to the proper and complete performance of my duties, and I am familiar with according to the proper and complete performance of my duties, and I am familiar with according to the proper and complete performance of my duties, and I am familiar with according to the proper and complete performance of my duties, and I am familiar	s registered dutes ept the
\$ 100.00 FBing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	

## Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROFESSIONAL TITLE AND ABSTRACT COMPANY OF FLORIDA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4731028 8300

090890188

You may verify this cortificate online at corp. delaware. gov/authver. antml

AUTHENTYCATION: 7551995

DATE: 09-28-09