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SECRETARY OF STATE DIVISION OF CORPORATIONS



## FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are

- Pursuant to s. 608.503(1), Florida Statutes, the attached application must be completed in its entirety.
- > The foreign limited liability company must submit 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 oath of the translator must be submitted.
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the-blank consent from our website at www.sunbiz.org.
- $\triangleright$ The name of a limited liability company in the state of Florida must end with the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are

responsible for any name infringement that may result from your name selection.

#### $\triangleright$ The fees to register are as follows:

follows:

\$ 100.00 Filing Fee for Application

\$ 25.00 **Designation of Registered Agent** 

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

#### $\triangleright$ Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

- Þ A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- $\triangleright$ A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Signature Settlement Services Agency, LLC				
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				
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:  Jeffrey A. Reed  Name of Person  Signature Settlement Services Agency, LLC  Firm/Company				
Jeffrey A. Reed	<			
Name of Person 12 3				
Signature Settlement Services Agency, LLC				
Firm/Company				
401 Brkich Way, Ste. 1				
Address				
Bridgewater, PA 15009				
City/State and Zip Code				
jeff.signature1@verizon.net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jeffrey A. Reed at (724 ) 728-8873				
Name of Person Area Code & Daytime Telephone Number				
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclosed is a check for the following amount:  \$\sum_{125.00}\$ \text{Filing Fee} \tag{\$\sum_{130.00}\$ \text{Filing Fee & Certificate of Status}} \tag{\$\sum_{155.00}\$ \text{Filing Fee & Certified Copy}} \tag{\$\sum_{160.00}\$ \text{Filing Fee, Certified Copy}} \tag{\$\sum_{160.00}\$ Filing Fee, Certified Cop				

# 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Signature Settlement Services Agency, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
of the second s
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the original control of the
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")  2. Pennsylvania  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 26-0735555  (FEI number, if applicable)  4. 8-3-2007  5. Perpetual  (Date of Organization)  (Date of Organization)
Company, E.E.C.
2. Pennsylvania 3. 26-0735555
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4. 8-3-2007 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to
(Date of Organization) (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. 401 Brkich Way, Ste. 1
Bridgewater, PA 15009
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
o. If infliced flating company is a manager-managed company, check field
9. The name and usual business addresses of the managing members or managers are as follows:
Cala Marshan Laffray A. Danid (404 Dubida 1864) Ota 4. Dubiday atau DA 45000
Sole Member ~ Jeffrey A. Reed ~ 401 Brkich Way, Ste. 1., Bridgewater, PA 15009
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the invital transfer to the invital transfer transfer to the invital transfer transfer to the invital transfer
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: Real Estate Title Insurance
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. I am aware that any false information submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Jeffrey A. Reed

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 Com	pany is:
Signature Settlement Service	es Agency, LLC
If unavailable, the alternate to be used in the	ne state of Florida is:
2. The name and the Florida street address	s of the registered agent and office are:
InCorp Services, Inc	
	(Name)
17888 67th Court No	orth
Florida Street Ad	Idress (P.O. Box NOT ACCEPTABLE)
Loxahatchee	FL 33470
	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.

n behalf of 111 corp Sérvices, Inc. (Signature)

\$ 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

SEPTEMBER 2, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### SIGNATURE SETTLEMENT SERVICES AGENCY, 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.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



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** 

Care aire

Certification Number: 9766692-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp