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(((H130001522163)))



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To:

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From:

: C T CORPORATION SYSTEM Account Name

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Foreign Limited Liability Company Unified Settlement Solutions, LLC

Certificate of Status	0
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CR1E027 (9/10)	COV	R LETTER	
TO: Registration Section Division of Corporations			
SUBJECT: Unified Settlement t	Solutions, LLC	ted Liability Company	
	Mattin of Citie	190 Districtly Company	
The enclosed "Application by For Existence, and check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorization to Traz need foreign limited liability	seart Business in Florida," Certificate company to transact business in Florid
Please return all correspondence of	oncerning this matter to the	following:	
	-	·	\$\$\$\frac{1}{2}\$\$\$
	Na	ne of Person	H. Z
			C. FLOWING
	Fir	m/Company	
		Address	
	City/St	ate and Zip Code	<u> </u>
CLS-AnnualRepo	ortFilingTeam@wollcrskluw E-mail address: (to be used	er.com for future annual report notif	ication)
For further information concerning	g this matter, please call:		
		st()_	
Namo	of Person Area	Code & Daytime Telephone	Number
MAILING ADDRESS: Division of Corporations Registration Section	Division Registra	T ADDRESS: of Corporations ation Section	
P.O. Box 6327 Tallahassee, FL 32314	2661 E	Building recusive Center Circle ssee, FL 32301	
Enclosed is a check for the	following amount:		
□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Pec & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Unified Settlement Solutions, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")	<u></u>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attactions of the managers or managing members adopting the alternate name. The alternate name must include to Company," "L.L.C," "LLC.")		
2. Pennsylvania (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-2658398 (FEI number, if applicable)	<u></u> ;	
4. 05/08/2013 (Date of Organization) (Date of Organization) (Duration: Year limited liability companies or "perpetual")	y will cease	∞
6. Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	FLOW	
7. 2 Veterans Sq., 2nd Floor, Media, PA 19063		
(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 for	llows:	
Title Abstract Company of PA, 2 Veterans Sq., 2nd Floor, Media, PA 19063		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has the jurisdiction under the law of which it is organized. (A photocopy is not exceptable. If the certificate is in a fin translation of the certificate under oath of the translation must be submitted.)	ving custody edgn langus	/Ofrecords in ge, a
11. Nature of business or purposes to be conducted or promoted in Florida:		_
Title Insurance Agency		
Leever Wheeloop		
Signature of a member or an authorized representative of a member.		
(In accordance with acction 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 subtractions document to the Department of State constitutes a third degree felony as provided for in s.81	nitted in a)
Lillian M. Re David		

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:
Unified Settlement Solutions, 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:
C T Corporation 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 as 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. CT Corporation System COMIC BIVAN By: Comme B
\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE JUNE 28, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Unified Settlement Solutions, 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