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SECRETARY OF STATE
TALL AHASSEE, FLORID.

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COVER LETTER

TO:	Registration Section Division of Corporations						
	MIT National Title LLC						
SUBJE	Name of Limited Liability Company	•					
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.						
Please r	turn all correspondence concerning this matter to the following:						
	John Renaldo						
	Name of Person						
MIT National Title LLC							
	Firm/Company						
	3 Wyckoff Place						
	Address						
	Woodmere, NY 11598						
	City/State and Zip Code						
	jrenaldo1969@gmail.com						
	E-mail address: (to be used for future annual report notification)						
For furth	er information concerning this matter, please call:						
	John Renaldo Name of Contact Person Area Code Daytime Telephone Number						
	Name of Contact Person Area Code Daytime Telephone Number						
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Characteristics STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclos	ed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy						

_APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT B	USINESS IN THE STATE OF FLORIDA:
1. MIT National 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 tran Liability Company," "L.L.C," or "LLC.")	sacting business in Florida. The alternate name must include "Limited
2. New Jersey 3.	47-1163466
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4	
(Date first transacted business in Fl (See sections 605.0904 & 605.0905, F	S, to determine penalty liability)
5.	5.1 ▲
98 Washington Place	
(Street Address o	(Principal Office)
_{6.} Morristown, New Jersey 07960-86	15 (Sg. 29 F
v	E P
(Mailine	Address)
	Samuel
7. The name, title or capacity and address of the perso	n(s) who has/have authority to manage is/are:
Marc Israel, manager	
3 Wyckoff Place	
Woodmere, NY 11598	
(In accordance with section 605,0203, F.S., the execution of this document constitution am aware that any false information submitted in a document to the Department of Marc Israel	aw of which it is organized. (A photocopy is not ranslation of the certificate under oath of the translator authorized person utes an affirmation under the penalties of perjuty that the facts stated herein are true I f State constitutes a third degree felony as provided for in s.817 155, F.S.)
Typed or printed	name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 60⁵.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name of the Limited Liability Co	ompany is:	
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street address	ess of the registered agent and office	e are:
Corporation S	Service Company	T
	(Name)	
1201 Hays Street		AHASS
Florida Street	t Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	FL 32301	
	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 605, Florida Statutes.

> 160 10 1

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

MIT NATIONAL TITLE LLC

0600411384

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 17, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

United Corporate Services Inc 80 Main Street 5th Floor West Orange, NJ 07052

THE STATE OF THE S

Certification# 132810317

IN TESTIMONY WHEREO have hereunto set my hand and affixed my Official Seal at Trenton, this Sth day of July, 2014

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp