Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
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From:	Account Name Account Number Phone Fax Number	: FCA000000023 : (850)205-8842	YSTEM

Foreign Limited Liability Company Carlisle Title LLC

Certificate of Status	0	
Certified Copy	0	
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COVER LETTER

SUBJECT: Carlisle Title, LLC	
3000201	Name of Limited Liability Company
	nited Liability Company for Authorization to Transact Business in Florida," Certificate of ister the above referenced foreign limited liability company to transact business in Florida.
Pleuse return all correspondence concerni	ng this matter to the following:
Greg Roddy	
	Name of Person
Carlisle Title, LLC	
	Firm/Company 29
196 West Ashlan	
	Address 2009
Doylestown, PA 18901	9990
15dy (catowit, 174 1070)	City/State and Zip Code
tara bradshaw@carlislet	tic com
	ad address: (to be used for litture annual report notification)
For further information concerning this m	atter, please call:
Greg Roddy	ut (469) 621-0125
Name of Contac	t Person Area Code Daytime Telephone Number
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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate name adopted ability Company," "L.L.C." or "LLC")	for the purpose of transacting business in Florida. Th	e alternate name puist include "
Delaware	3, 47-2156171	
Jurisdiction under the law of which foreign limi company is organized)	ted liability (FE) num	her, if applicable)
	nsacued business in Florida, if prior to registration.)	ř
(See sections 60	5.0904 & 605.0905, F.S. to determine penalty liabili	•
196 West Ashland		
Doylestown, PA 18901		
a distribution of the state of	(Street Address of Principal Office)	
4835 LBJ Freeway, Suite 700		
13Han TV 75244		
, -	(Mailing Address) Iress of the person(s) who has/have authority (Mailing Address)	ority to manage is/are:
The name, title or capacity and addictional Dix, Member, 4835 LBJ Freeway, Some Attached is an original certificate of aving custody of records in the jurisd	Iress of the person(s) who has/have authorite 700 Dallas, TX 75244 Texistence, no more than 90 days old. diction under the law of which it is organ	ily authenticated by the lized. (A photocopy is no
The name, title or capacity and addictional Dix, Member, 4835 LBJ Freeway, Some Attached is an original certificate of aving custody of records in the jurisd	iress of the person(s) who has/have authorite 700 Dallas, TX 75244 existence, no more than 90 days old. de	ily authenticated by the lized. (A photocopy is no
The name, title or capacity and addictard Dix, Member, 4835 LBJ Freeway. So Attached is an original certificate or aving custody of records in the jurisd acceptable. If the certificate is in a fore	Iress of the person(s) who has/have authorite 700 Dallas, TX 75244 Texistence, no more than 90 days old. diction under the law of which it is organ	ily authenticated by the lized. (A photocopy is no
The name, title or capacity and addictional Dix, Member, 4835 LBJ Freeway, So Attached is an original certificate of aving custody of records in the jurisdicceptable. If the certificate is in a foreign to be submitted)	Iress of the person(s) who has/have authorite 700 Dallas, TX 75244 Texistence, no more than 90 days old. diction under the law of which it is organ	ily authenticated by the lized. (A photocopy is no cate under oath of the transition of perjury that the facts stated
The name, title or capacity and addictional Dix, Member, 4835 LBJ Freeway, So Attached is an original certificate of aving custody of records in the jurisdicceptable. If the certificate is in a foreign to be submitted)	ress of the person(s) who has/have authorized person of this document constitutes an afformation under the pen	ily authenticated by the lized. (A photocopy is no cate under oath of the transition of perjury that the facts stated

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.

1. The name	of the Limited Liability Company is:	
Carlisle Title, Ll	LC	
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:	AUG 29
	C T Corporation System	The state of the s
	(Name)	9 :6
	1200 South Pine Island Road	02
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324	
	City/State/7ip	

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.

By: C T Comporation System

By: C T Comporation System

(Signature)

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

<u>Delaware</u> The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "CARLISLE TITLE LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR
REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY
AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2014, AT 3:17 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

James W. Bullace, Secretary of State

Authentication: 202838092

Date: 08-16-16

5625495 8315 SR# 20165388225

You may verify this certificate online at corp.delaware.gov/authver.shtml