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DIVISION OF REVENUE

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Paradigm Title Group 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..

Please return all correspondence concerning this matter to the following:

Jason Walters

Name of Person

Paradigm Title Group LLC

Firm/Company

2 Jocama Blvd, Ste A

Address

Old Bridge, NJ 08857

City/State and Zip Code

jwalters@ptg-us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Walters

732

490-7006

at ()

Name of Contact 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Paradigm Title Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Paradigm Title Group of Florida LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New Jersey 3. 20-3570651
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 618 E. South Street, Suite 500
Orlando, FL 32801
(Street Address of Principal Office)

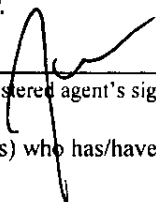
6. 2 Jicama Blvd, Ste A
Old Bridge, NJ 08857
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jason Walters
Office Address: 618 E. South Street, Suite 500
Orlando, Florida 32801
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

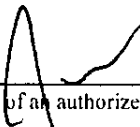
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jason Walters

President

618 E. South Street, Suite 500, Orlando, FL 32801

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jason Walters

Typed or printed name of signee

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DEPARTMENT OF STATE

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

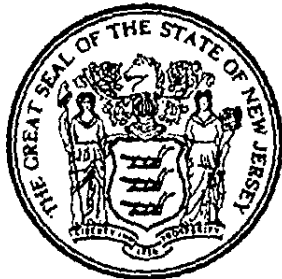
**PARADIGM TITLE GROUP LLC
0400099445**

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 July 22, 2005.

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 office are:

JASON WALTERS
2 JOCAMA BLVD
SUITE A
OLD BRIDGE, NJ 08857



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
4th day of January, 2017

A handwritten signature in black ink, appearing to read "Ford M. Scudder".

Ford M. Scudder
Acting State Treasurer

Certificate Number: 6076750668

Verify this certificate online at

https://www1.state.nj.us/T7TR_StandingCert/USP/Verify_Cert.jsp

Certificate of AmendmENT

Limited Liability Company

1. Name of Limited Liability Company: Paradigm Title Group, L.L.C.
2. Identification No.: 0400099445
3. Amendment: Amend Article No. 6 "Members/Managers". See # 5.
4. Effective Date: 9/1/2005
5. The Certificate of Formation is amended as follows:

Delete the following Members/Managers:


Dan Warthen, Jr.
2336 Odyssey Way
Toms River, NJ 08753

Dan Warthen, Sr.
652 Ensign Avenue
Beachwood, NJ 08722

Corrine Warthen
652 Ensign Avenue
Beachwood, NJ 08722

The undersigned represents that this filing complies with State law as detailed in NJSA 42 and that I am authorized to sign this form on behalf of the Limited Liability Company.

Date: September 12, 2005



Jason Walters, Registered Agent
Paradigm Title Group, L.L.C.
6 Moyse Place, Suite 100
Edison NJ 08820