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TALLAHASSEE, FLORIDA

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COVER LETTER 1

TO: Registration Section
Division of Corporations

CUDIECT.		nd Settlement Services, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed Existence, ar	d "Application by For ad check are submitte	reign Limited Liability Comp ed to register the above refer	oany for Authoriza enced foreign limit	tion to Tra	insact Business in Florida." company to transact busin	Certificate of ess in Florida.
Please return	all correspondence	concerning this matter to the	following:			
	Suzanne Bened	letto				
		N.	ame of Person			
	Main Street Title and Settlement Services, LLC					
	Firm/Company					
	190 Main Street, Suite 305					
	Address					
	Hackensack, NJ 07601					
	City/State and Zip Code					
	sbenedetto@ma	insttitle.com				
	E-mail address: (to be used for future annual report notification)					
For further in	nformation concerning	g this matter, please call:				
Suzanne Benedetto		201 at (487-69			
	Name o	of Contact Person	Area Code	Day	time 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			
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop	

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Main Street Title and Settlement Services, 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 transacting business in Florida The alternate name must include "Limated Liability Company," "L.L.C." or "LLC.") 3. 20-5334703 2. New Jersey (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 6/15/2018 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 1343 Main Street, Suite 701 190 Main Street, Suite 305 (Street Address of Principal Office) (Mailing Address) Sarasota, FL 34236 Hackensack, NJ 07601 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paul M. Cecere Name: 10733 Mirasol Dr Office Address: ____ , Florida _³³⁹¹³ Miromar Lakes, Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 🐯 he park designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further appear 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: CEO Dominick DeCarlo 190 Main Street, Ste 30. Hackensack, 07601 (Use attachments if necessary) 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) 10. 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. Signature of an authorized person

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

MAIN STREET TITLE AND SETTLEMENT SERVICES LIMITED LIABILITY COMPANY 0400141449

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 August 09, 2006.

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:

I.AUREN B. DECARLO 190 MAIN STREET HACKENSACK, NJ 07601



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of May, 2018

dans Num

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6088370540

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp