## F22000002336

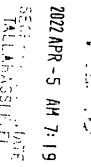
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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S. ROBERTS
APR 0 5 2022

## **COVER LETTER**

	O: Registration Section Division of Corporations				
SUBJEC	T:Admin	sitration, Inc.			
БОВИВС	1	Name of corporation -	must include suffix		
Dear Sir o	r Madam:				
"Certifica	sed "Application by Fore te of Existence," or "Cert trenced foreign corporation	ificate of Good Stand	ing" and check are sub-		
Please reti	ırn all correspondence co	ncerning this matter t	to the following:		
Greg Burl					
		Name of P	erson		
Titan Warr	anty Adminsitration, Inc.				
		Firm/Comp	pany		
213 SW 3r	d Street				
<del>~ -</del>		Addres	SS		
Lees Sumn	nit, MO 64063				
		City/State an	d Zip code		
greg.burl@	titanwarrantyadministration	n.com			
	E-mail a	ddress: (to be used fo	r future annual report n	otification)	
For furthe	r information concerning	this matter, please ca	11:		
Greg		816 at (	) 590-5150  Daytime Telephone Number		
N	ame of Person	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please mak	•	DA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Titan Warranty .	Administration, INc.			
	orporation; must include "fNCORPORATED orp," "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATIO	DN,"	
Titan Warranty	Admin			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)	
Nebraska	3.	87-4440973		
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)	
01/14/2022	5	perpetual	rpetual	
(Date	of incorporation)	(Date of duration, if other	r than perpetual)	
N/A				
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)	
6311 Ames Ave.	#1032, Omaha, NE 68104	, ,		
		ice street address)		
213 Sw 3rd St, L	ces Summit, MO 64063	·		
	(Current maili	ng address, if different)		
			<b>20</b>	
Name and stree	et address of Florida registered agent: (P.o.	O. Box NOT acceptable)	2022 APR 3555: TALLA	
Name:	ZenBusiness Inc.		22 APR -5	
ffice Address:	336 E. College Ave. Suite 301		5 AH	
	Tallahassee	. Florida <u>32301</u>		
	(City)	(Zip code)	— — — — — — — — — — — — — — — — — — —	
laving been nam esignated in this urther agree to c	ent's acceptance:  ned as registered agent and to accept serv  application, I hereby accept the appoint  omply with the provisions of all statutes to  with and accept the obligations of my pe	ment as registered agent and ag relative to the proper and compl	gree to act in this capacity	
<i>J</i>	The second secon			
	Ward Den	SA		
_	(Registered agent's s	signature)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 6311 Ames Ave #1032	□Vice Chairman	Address: 6311 Ames Ave #1032
□Director	Omaha, NE 68108	Director	
<b>■</b> President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	□Other
□Chairman □Vice Chairman	Name: Michael McAuliffe  6311 Ames Ave #1032  Address:	□Chairman	Name: Greg Burl Address: 6311 Ames Ave #1032
□Director	Omaha, NE 68108	□Director	Omaha, NE 68108
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	□Other
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	Other
The officer or direct she is aware that fars.817.155, E.S.	Use an attachment to report more than six (6). The atta- added to the index when filing your Florida Departm Signature of Director of Signature of Director of the Signature of Director of the Signature of Director of Titan Warranty Admit	or Officer or II above) affirms th	at the facts stated herein are true and that he or

## STATE OF NEBRASKA

United States of America, State of Nebraska

} ss.

Secretary of State State Capitol Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

TITAN WARRANTY ADMINISTRATION, INC.

incorporated on January 14, 2022 and is duly incorporated under the law of Nebraska:

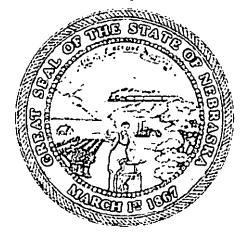
that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

January 18, 2022

Secretary of State