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PICK-UP	WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					





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ALLANASSE FERAM

EURETARY OF STATE

K.S.NLY EXAMINER OCT -5 2015

123 Title Agency, LLC

30 B Vreeland Road Florham Park, NJ 07932

Telephone: (973) 805-6444 Fax: (973) 805-2232

October 1, 2015

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Reference: 123 Title Agency, LLC

Ladies/Gentlemen:

I have enclosed our Application by Foreign Limited Liability Company for authorization to transact business in Florida. Also enclosed is our Certificate of Existence from the State of New Jersey, your Cover Letter and our check in the amount of \$130.00 for the Filing Fee and Certificate of Status.

If you have any further questions, please do not hesitate to contact me at the above number or at (973) 650-4354. Thank you for your anticipated courtesies.

-1-

Very truly yours,

123 Title Agency, LLC

n E. Fambardi

Enc.

Via Fedex

COVER LETTER

TO:		ntion Secti of Corpo		•				
SUBJE	ECT:	123	1.71	E AG	3NOY Name of I	LLC Limited Liability	Company	
The en Exister	closed "Ap	plication t	by Foreig	n Limited Li o register the	ability Comp above refere	any for Authoriza	ation to Trar ted liability	nsact Business in Florida," Certificate of company to transact business in Florida.
Please	return all c	orrespond	ence con	cerning this	matter to the	following:		
			DAR	nylyn	B. 1	om BAn I	> <u>ı</u>	
			12	3 7.7	75 AG	rm/Company	uc	
			30	B VRE	ELANG	ROAD Address)	
			Flo	nHAN	PANK City/Si	ate and Zip Code	0793	32
	_		de	mtu.	s: (to be used	3 titleach	Jeny Treport neti	i Com fication)
For fur	ther inforn	nation con	cerning t	his matter, pl	ease call:			
	D	annyly,	N L	OMBA Contact Perso	ubí on	at (<u>913</u> Area Code) <u>808</u> Dayt	5-6444 X 1901 imc Telephone Number
	Division Registra P.O. Box	NG ADDR of Corpor tion Section x 6327 usee, FL 32	rations on				Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301
Enclos	ed is a che □ \$125.	ck for the : 00 Filing I	Fee 🗜	g amount: 2 \$130.00 Fi Certificate of		□ \$155.00 Fili 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 RUNNINGSS IN THE STATE OF ELORIDA.

COMPAINT TO TRAINSACT BUSINESS IN THE STATE OF PLORIDA:	
1. 123 TITIE ABENCY LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	X - C - S - S - S - S - S - S - S - S - S
(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 "Limited
Liability Company," "L.L.C," or "LLC.")	: mast metade Emmed
2. NEW JERSEY 3. 41-2095147	
2. NEW JENSEY (Jurisdiction under the law of which foreign limited liability company is organized) 3. 41-2095147 (FEI number, if applicable)	
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. 30 B VRETAND ROAD	
FLONDAM PANK NJ 07932 (Street Address of Principal Office)	100 T
6 (SAMIS AS ABOUS)	夏夏 一 竹
0	第 3 6
	To to
(Mailing Address)	26 Part 26
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	7
Name: ELGANON DEAR	
Office Address: 6979 QUEEN FERRY Circle	
Office Address: 6979 QUEEN FEARY CivelE BOCA RATON, Florida 33496 (City) (Zip code)	
(City) (Zip code)	
Registered agent's acceptance:	itu aammanu at tha mlaaa
Having been named as registered agent and to accept service of process for the above stated limited liabile designated in this application, I hereby accept the appointment as registered agent and agree to act in this	
to complywith the provisions of all statutes relative to the proper and complete performance of my duties,	
accept the obligations of my position as registered agent.	
Eliano Dear	
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
DARRYLYN B. LOMBARD, PROSIDENT	
DARRYLYN B. LOMBARD, PROS, DENT 123 TITLE AGENCY, LCC	
GUNHAM PRAK NI 01932	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having c	ustady of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of	
of the translator must be submitted)	
Lawler E. Sowbards () Signature of an authorized person	
() Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.	
Typed or printed name of signee	
Typed or printed name of signee	

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

FILED
2015 OCT - 1 PM 12: 26
FALLAHASSEE, FLORID

123 TITLE AGENCY, LLC

0600168746

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 May 2, 2003.

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:

Eleanor Dear 30 B Vreeland Road Florham Park, NJ 07932



Certification# 137357046

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of September, 2015

Art a. Conaw

Robert A Romano Acting State Treasurer

Verify this certificate at https://wwwl.statc.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp