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#### TRANSMITTAL MEMORANDUM

5 W. Kull

DATE:

June 28, 2017

FROM:

Kenneth W. Nickel

Tel: 888-697-1777

TO:

Florida Department of State Division of Corporations Registration Section

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301 Tel: 850-245-6051

RE:

Priority Title & Escrow, LLC

Application for Foreign Qualification

Enclosed are the following documents:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

2. Virginia Certificate of Good Standing (Fact) not more than 90 days old.

3. Check in the amount of \$125.00, payable to the Florida Department of State.

Please expedite the processing of the above-referenced application. If there are any questions, please direct them to Kenneth Nickel at the number set forth above. You may also reach me at my cell phone (831-737-8663) or via e-mail (sos@compliancefreedom.com).

Upon completion of the filing, please forward a conformed copy to my office address, which is as follows:

Kenneth W. Nickel Compliance Freedom Network LLC 2071 Glacier Drive, Suite 3 Saint Croix Falls, WI 54024

Thank you for your attention to this application.

#### COVER LETTER

TO: Registration Section
Division of Corporations

Subject: Priority Title & Escrow, 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:

## Kenneth Nickel

Name of Person

## Compliance Freedom Network LLC

Firm/Company

2071 Glacier Drive, Suite 3

Address

Saint Croix Falls, WI 54024

City/State and Zip Code

## compliance@prioritytitleus.com

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

For further information concerning this matter, please call:

Kenneth Nickel

., 888 <u>,</u> 697-1777

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.	Priority Title & Escrov	W, LLC Limited Liability Company; must include "Limited	Liabilit	Company," "L.L.C.," or "LLC."	)	
<u></u>		ame adopted for the purpose of transacting business in Flori	la The s	terrate name must include "Limited Lin	hility Comment " "I. I. C " o	w*(1C.")
		mine appliced for the business of deliverable organics are const		20-1987007	and company, as a c, c	
2	Virginia (Jurisdiction under the law of wh	uch foreign limited liability company is organized)	3.		ber, if applicable)	<del></del>
4.	Upon filing.					
۳.		(Date first transacted business in Florida, if prior to re (See acctions 605,0904 & 605,0905, F.S. to determine	gistration penalty	.) liability)		
5.	607 Lynnhaven Park	Kway	6.	607 Lynnhaven Parkwa		
-	(Street Address of P	•		(Mailing Add	•	
	Virginia Beach, VA	23452		Virginia Beach, VA 234	52	<del></del>
					三の:	
7.	Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)		7 JUL
	Name:	InCorp Services, Inc.			<b>- 数</b> 显	نے نے
	Office Address:	17888 67th Court North				3 3 ED
		Loxahatchee		, Florida <u>33470</u>	巴丝	f.
		(City)		(Zip coo	de) 유기	. 09
		ions of all statutes relative to the proper of sof my position as registered agent.		mpiete perjormance of my ine Long on behalf o		
		(Repatered agent's si				
8.	The name, title or cans	acity and address of the person(s) who has	/have	authority to manage is/are:		
٠.	Title or Capacity:	Name and Address:	T	tle or Capacity:	Name and Add	ress:
	Manager	Joseph LaMontagne				
		607 Lynnhaven Parkway Virginia Beach, VA 23452		<del>.</del>		
			_			
<b>(1</b>	Jse attachments if neces	sary)				
ju	Attached is a certificate risdiction under the law the translator must be so	of existence, no more than 90 days old, dof which it is organized. (If the certificate ubmitted)	is in a	foreign language, a transla	aving custody of rection of the certificat	cords in the e under oath
10 su	). This document is exec bmitted in a document to	uted in accordance with section 605.0203 o the Department of State constitutes a thir	(1) (b)	, Florida Statutes. I am awa	re that any false info s.817.155, F.S.	ermation

Joseph LaMontagne, Manager

# Commontoealthof Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

## I Certify the Following from the Records of the Commission:

That Priority Title & Escrow, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 15, 2004; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: April 28, 2017

Joel H. Peck, Clerk of the Commission