## M23000003592

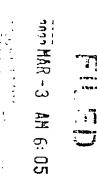
(Requestor's Name)					
(Ac	(Address)				
	ldrees)				
(AC	(Address)				
(Ci	ty/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(B)	usiness Entity Name)				
(50	isiness Entity Name,				
(Do	ocument Number)	===			
Certified Copies	_ Certificates of	Status			
Special Instructions to	Filing Officer:				

Office Use Only



800403182578

03/03/23--01013--012 \*\*130.00



111

## COVER LETTER

..

TO:	Registration Section Division of Corporations				
SUBJ	GM Title & Escrow Services LLC				
	N	iame of Limited Liability Company			
		ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.			
Please	return all correspondence concerning this matt	er to the following:			
	Megan McNamara				
		Name of Person			
	First Source Title Agency Inc.				
		Firm/Company			
	7717 Victory Lane Ste B				
		Address			
	North Ridgeville, OH 44039				
		City/State and Zip Code			
	mmcnamara@firstsourcetitle.com				
	E-mail address: (to	o be used for future annual report notification)			
For fu	rther information concerning this matter, please	e call:			
Megan McNamara		216 260-0816 at ( )			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amoun Please make check payable to: FLORIDA II  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing	DEPARTMENT OF STATE			

## 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. GM Title & Escrow S	ervices LLC Limited Liability Company, must include "Limited"	Liability Company," "L. L.C." or "LLC.")		
(Commercial Commercial	, ,			
(H'name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability	Company," "L.L.C," or "LLC,")	
он		84-4369287		
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if a	pplicable)	
.1				
7.	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration ) penalty liability)	-	
7725 Victory Lane Ste B		7717 Victory Lane Ste B		
5. (Street Address of Principal Office)	<del></del>	6. (Mailing Address)		
North Ridgeville, OH	44039	North Ridgeville, OH 44039		
		<u> </u>		
7 Name and street address	s of Florida registered agent: (P.O. Box.)	NOT acceptable)	-	
7. Ivanie and <u>street addres</u>	3 of Florida registered agent. (17.0. Dox.)	NOT acceptable)	77	
	Corporation Service Company		HAR T	
Name:				
Office Address:	1201 Hays Street			
	Tallahassee	32301	J	
	(City)	, Florida(Zip code)	 	
Registered agent's accep	tanca:		0,	
Having been named as re	vance. gistered agent and to accept service of pr tion, I hereby accept the appointment as i			
to comply with the provisi	ons of all statutes relative to the proper a			
and accept the obligations	of my position as registered agent.  Corporation Service Company			
	By: Stephanu Milnes	Stephanie Milnes, Assistant VP		
	(Registered agent's sig		-	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Michael R McNamara	■Manager	Name: Megan McNamara
■Member	Address: 7717 Victory Lane Ste B	■Member	Address: 7717 Victory Lane Ste B
■Authorized	North Ridgeville, OH 44039	<b>■</b> Authorized	North Ridgeville, OH 44039
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Megan McNamara

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GM TITLE & ESCROW SERVICES LLC, an Ohio Limited Liability Company, Registration Number 4414053, was organized in the State of Ohio on December 18, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of March, A.D. 2023.

Ohio Secretary of State

Fred John

Validation Number: 202306104296