

F130000002297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

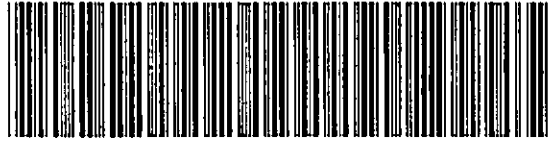
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/27/18--01010--009 **70.00

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2018 APR 15 P 3:22
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5/6/18 QS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2018

DALE JACOBSON
PO BOX 188
SPRING VALLEY, WI 54767

SUBJECT: LENDSERV NATIONAL TITLE, INC.
Ref. Number: W18000040313

We have received your document for LENDSERV NATIONAL TITLE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document illegible, please revise.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 618A00008850

RECEIVED

2018 MAY 15 PM 12:23

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2018 APR 15 P 3:23
DALE JACOBSON
W18000040313

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lendserv National Title Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dale Jacobson

Name of Person

Lendserv National Title Inc

Firm/Company

P.O. Box 188 E 14th Ave St

Address

Spring Valley W. 54767

City/State and Zip code

djacobson@premiumtitlegroup.com

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

For further information concerning this matter, please call:

Chuck Nygger

Name of Person

at (612)

Area Code

360 45795

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

2013 APR 15 P 3:27

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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.

1. Lenders National Title Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 82-3211283
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-23-17 5. Per
(Date of incorporation) (Date of duration, if other than perpetual)

6. No Transactions
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 114 Allen St Spring Valley WI 54767
(Principal office address)

PO Box 188 Spring Valley WI 54767
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

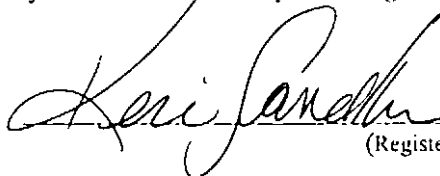
Name: InCorp Services, Inc.

Office Address: 17888 67th Court

Loxahatchee, Florida 33470
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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.



Keri Sandler on behalf
of InCorp Services, Inc.

(Registered agent'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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

✓ Chairman: Dale Jacobson

Address: ~~5180 Golfview Dr.~~ S. 180 Golfview Dr.
Spring Valley WI 54767

✓ Vice Chairman: Chuck Nygren

Address: 1910 140th Ave
~~Ham Lake~~ Ham Lake Mn 55304

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

✓ President: ~~Chuck Nygren~~ Chuck Nygren

Address: 1910 140th Ave
Ham Lake Mn ~~55304~~ 55304

✓ Vice President: Dale Jacobson

Address: ~~5180 Golfview Dr.~~ S. 180 ~~Golfview~~ Golfview Dr.
Spring Valley WI 54767

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Dale Jacobson Dale Jacobson
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Dale Jacobson Vice Pre
(Typed or printed name and capacity of person signing application)

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

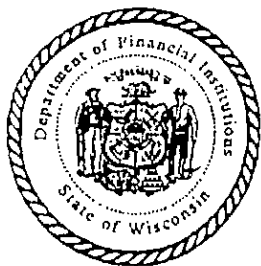
LENDSEV NATIONAL TITLE, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 23, 2017.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 16, 2018.

Handwritten signature of Mary Ann McCoshen.

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 214909-655A6DB3