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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

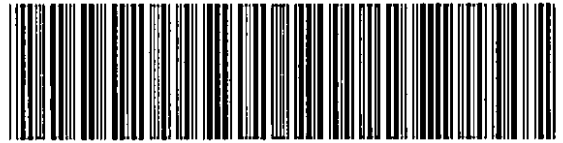
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
18 AUG 23 AM 11:30
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FILED
18 AUG 23 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 8/23/2018

Acc#I20160000072



Name:	FAIR TITLING Trust
Document #:	
Order #:	11086523

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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W.P. Verifier _____
Ref# _____

Amount: \$ 358.75

Thank you!

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: FAIR TITLING TRUST

Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:

FEEES:

Declaration of Trust	\$350.00
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OPTIONAL:

Certified Copy **\$ 8.75**

FROM: Margaret Berardinelli

Name (Printed or typed)

1540 2nd St Ste 200

Address

Santa Monica, CA 90401-3513

City, State & Zip

949-293-1535

Daytime Telephone number

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

FAIR TITLING TRUST

A DELAWARE TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining to
Common Law Declarations of Trust, the undersigned, the Chairman of the
Board of Trustees of FAIR TITLING TRUST, a

(Name of Trust)

DELAWARE Trust hereby affirms in order to file or qualify

(State)

FAIR TITLING TRUST, in the State of Florida

(Name of Trust)

1. Two or more persons are named in the Trust.

2. The principal address is 1540 2nd St Ste 200

Santa Monica, CA 90401-3513

3. The registered agent and street address in the State of Florida is:
C T Corporation System

1200 South Pine Island Road, Plantation, FL 33324

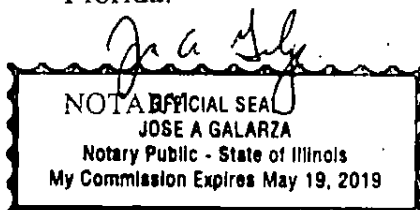
4. Acceptance by the registered agent: Having been named as registered
agent to accept service of process for the above named Declaration of Trust
at the place designated in this affidavit, I hereby accept the appointment as
registered agent and agree to act in this capacity.

Brian Mueller
Assistant Secretary

Brian Mueller

(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of
Trust under which the association proposes to conduct its business in
Florida.



Name: JULIA LINIAN
Chairman of the Board of Trustees VICE PRESIDENT

Filing Fee: **\$350.00**
Certified Copy: **\$ 8.75 (optional)**

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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

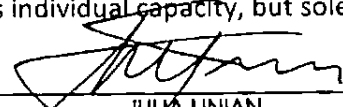
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Declaration of Trust

1. The Name of Trust: **Fair Titling Trust**
2. Date of Organization: **12/02/2016**
3. Name and Address of Trustee:
U.S. Bank Trust National Association
300 Delaware Avenue, 9th Floor
Wilmington, Delaware 19801
4. The Principal Place of Business:
1540 2nd Street, Suite 200
Santa Monica, CA 90401-3513
5. Registered Agent in Florida:
C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
6. Trust beneficial interests are divided into transferable certificates of participation or shares; and
7. The trust is able to merge (if so desired); and
8. The trust is in compliance and will continue to comply with Florida law.

IN WITNESS WHEREOF, the undersigned, being the trustee of the Trust, has executed this Declaration this 20 day of August 2018.

U.S. BANK TRUST NATIONAL ASSOCIATION,
not in its individual capacity, but solely as Trustee

By: 
Name: JULIA LINIAN
Title: VICE PRESIDENT

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TALLAHASSEE, FLORIDA

ACKNOWLEDGEMENT

STATE OF ILLINOIS)ss.
COUNTY OF COOK

On the 20 day of AUGUST, 2018 before me,

JOSE A. GALARZA, Notary Public, personally appeared
(Name of Notary Public)

JULIA LINIAN
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of ILLINOIS that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Jose A. Galarza
(Signature of Notary Public)



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TALLAHASSEE FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FAIR TITLING TRUST" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "FAIR TITLING TRUST" IS A SERIES STATUTORY TRUST.

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TALLAHASSEE, FLORIDA



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You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203227139

Date: 08-10-18