

**F/30000004068**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 18 PM 2:17

*Handwritten signature and date: 9/23/13*



September 11, 2013

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

**Re: FNMS Management Services, Inc.  
Application by Foreign Corporation**

Dear Sir or Madam:

On behalf of the above-referenced company, enclosed is the following:

1. One (1) original and one (1) copy of the executed Application by Foreign Corporation for Authorization to Transact Business in Florida, along with a Certificate of Good Standing from its domicile state of Delaware; and
2. Our check number 1000910010, made payable to the Secretary of State in the amount of \$70.00 to cover required filing fees and return a certified copy.

A self-addressed, stamped envelope is enclosed for your convenience in replying. If you have any questions regarding this filing, feel free to contact the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read "Madeline G. M. Lovejoy". The signature is fluid and cursive, with a large, stylized "M" and "L".

Madeline G. M. Lovejoy  
Assistant Vice President  
Assistant Secretary  
Corporate Legal Administrator  
Telephone: (949) 622-5050  
Facsimile: (949) 622-5060  
E-mail: madeline.gm.lovejoy@fnf.com

Enclosures

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** FNMS Management Services, 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:

Madeline G. M. Lovejoy

Name of Person

FNMS Management Services, Inc.

Firm/Company

2510 N Redhill Ave

Address

Santa Ana, CA 92705

City/State and Zip code

madeline.gm.lovejoy@fnf.com

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

For further information concerning this matter, please call:

Madeline G. M. Lovejoy at ( 949 ) 622-5050

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

New Filing 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

**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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 18 PM 2:17

1. FNMS Management Services, 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. Delaware

(State or country under the law of which it is incorporated)

3. 45-3516836

(FEI number, if applicable)

4. 09/30/2011

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 601 Riverside Ave., Jacksonville, FL 32204

(Principal office address)

c/o MGM Lovejoy, 2510 N Redhill Ave., Santa Ana, CA 92705

(Current mailing address)

8. Payroll company for subsidiary companies

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. **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.*

C T Corporation System

By: Nicole Chauinard

(Registered agent's signature)

Nicole Chauinard, Assistant Secretary

11. 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.

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

**A. DIRECTORS**

Chairman: Anthony J. Park

Address: 601 Riverside Ave.  
Jacksonville, FL 32204

Vice Chairman: Raymond R. Quirk

Address: 601 Riverside Ave.  
Jacksonville, FL 32204

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Anthony J. Park

Address: 601 Riverside Ave.  
Jacksonville, FL 32204

Vice President: Madeline G. M. Lovejoy (Assistant Vice President and Assistant Secretary)

Address: 2510 N Redhill Ave  
Santa Ana, CA 92705

Secretary: Michael L. Gravelle

Address: 601 Riverside Ave., Jacksonville, FL 32204

Treasurer: Daniel K. Murphy

Address: 601 Riverside Ave., Jacksonville, FL 32204

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Madeline G. M. Lovejoy, Assistant Vice President and Assistant Secretary

(Typed or printed name and capacity of person signing application)

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FNMS MANAGEMENT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2013.



5046170 8300

131018204

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0685913

DATE: 08-22-13