

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6381

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please retain original filing
date of submission 5/6

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Black Knight Financial Services, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 057 |
| Estimated Charge | \$78.75 |

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Black Knight Financial 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:

April Johnson

Name of Person

Black Knight Financial Services, Inc.

Firm/Company

601 Riverside Avenue

Address

Jacksonville, FL 32204

City/State and Zip code

april.johnson@bkfs.com

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

For further information concerning this matter, please call:

April Johnson

Name of Person

at (904) 854-5256

Area Code & Daytime Telephone Number

STREET/COURTIER 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



May 7, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RE-SUBMIT

C T CORPORATION SYSTEM

Please retain original filing
date of submission 5/6

SUBJECT: BLACK KNIGHT FINANCIAL SERVICES, INC.
REF: W15000032415

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is M14000002534 - BLACK KNIGHT FINANCIAL SERVICES, LLC.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000110979
Letter Number: 915A00009529

15 MAY -7 PM 2:27

P.O BOX 6327 - Tallahassee, Florida 32314

5/7/2015 2:11:51 PM From: To: 8506176381(3/7)



May 7, 2015

CONSENT TO USE OF NAME

To: Florida Department of State

The undersigned company hereby consents to the use of the name "Black Knight Financial Services, Inc.", a Delaware corporation, which is filing as a foreign corporation in the state of Florida.

Black Knight Financial Services, LLC

By: 

Name: Ross A. Gloudeman

Title: Chief Compliance and Regulatory Counsel

**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. Black Knight Financial 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. 36-4798491

(FEI number, if applicable)

4. 10/27/2014

(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 Avenue, Jacksonville, FL 32204

(Principal office address)

601 Riverside Avenue, Jacksonville, FL 32204

(Current mailing address)

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

Name: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

Florida 33324

(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.



**Angel Nunez
Assistant Secretary**

(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.

15 MAY -6 AM 9:11

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

A. DIRECTORS

Chairman: William P. Foley, II
Address: 601 Riverside Avenue
Jacksonville, FL 32204

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Brent B. Bickett
Address: 601 Riverside Avenue
Jacksonville, FL 32204

Vice President: _____

Address: _____

Secretary: Michael L. Gravelle
Address: 601 Riverside Avenue, Jacksonville, FL 32204

Treasurer: Daniel K. Murphy
Address: 601 Riverside Avenue, Jacksonville, FL 32204

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

12. _____

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.

13. Daniel K. Murphy, Treasurer

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

15 MAY -16 AM 9:14

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLACK KNIGHT FINANCIAL 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 SIXTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5628759 8300

150623000

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



jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2352854

DATE: 05-06-15

15 MAY -6 AM 9:11