

F17000004954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

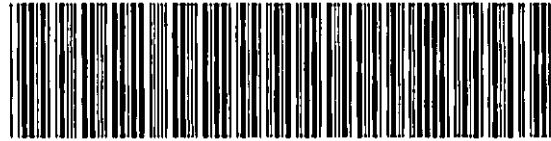
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800304812558

11/01/17--01006--019 **70.00

FILED
2017 OCT 31 AM 9:24
17 OCT 31 AM 11:16
DEPARTMENT OF STATE
HALL ANDERSON, FLORIDA

S. WARREN

NOV 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE 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:

G. PATRICK HAND, III

Name of Person

TRUE TITLE, INC.

Firm/Company

507 LONGFELLOW COURT, UNIT D

Address

SAFETY HARBOR, FLORIDA 34695

City/State and Zip code

gpat3@truetitlefl.net

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

For further information concerning this matter, please call:

G. Patrick Hand, III

877

785-8792

at ()

Name of Person

Area Code

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

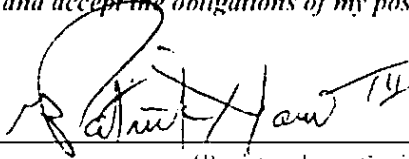
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. True Title, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Same
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Louisiana 3. 72-1407076
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/05/1998 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. No business transacted in Florida prior to registration. Date will be November 1, 2017.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 507 Longfellow Court, Unit D, Safety Harbor, FL 34695
(Principal office address)
- Same
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: George Patrick Hand, III
- Office Address: 507 Longfellow Court, Unit D
- Safety Harbor, Florida 34695
(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.



(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.

FILED
17-OCT-31 AM 11:19
STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Timothy F. Hand
Address: 901 Derbigny Street
Gretna, Louisiana 70053

Vice Chairman: G. Patrick Hand, III
Address: 507 Longfellow Court, Unit D
Safety Harbor, Florida 34695

Director: G. Patrick Hand, Jr.
Address: 901 Derbigny Street
Gretna, Louisiana 70053

Director: _____
Address: _____

FILED
17-OCT-31 AM 11:19
STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

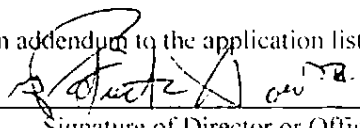
President: Timothy F. Hand
Address: 901 Derbigny Street
Gretna, Louisiana 70053

Vice President: G. Patrick Hand, III
Address: 507 Longfellow Court, Unit D
Safety Harbor, Florida 34695

Secretary: G. Patrick Hand, Jr.
Address: 901 Derbigny Street, Gretna, Louisiana 70053

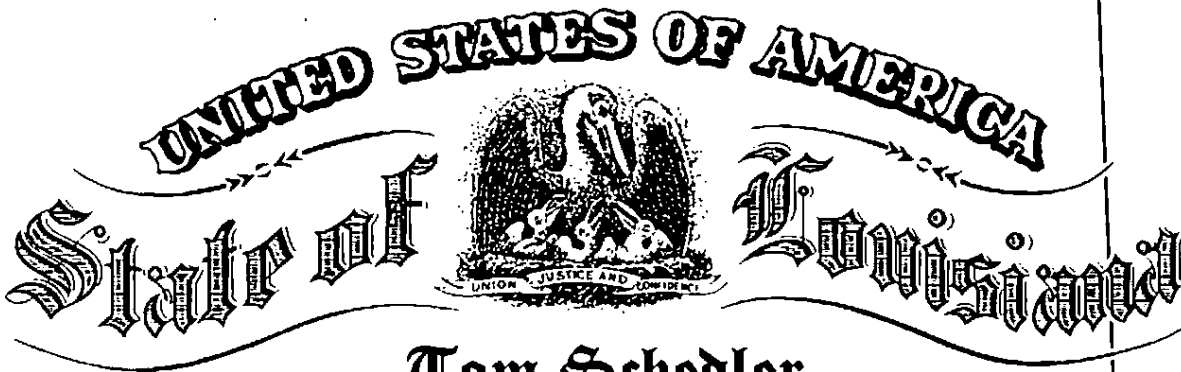
Treasurer: Timothy F. Hand
Address: 901 Derbigny Street, Gretna, Louisiana 70053

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 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. George Patrick Hand III - Vice President per Corporate Resolution
(Typed or printed name and capacity of person signing application)



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

TRUE TITLE, INC.

A corporation domiciled in GRETN, LOUISIANA,

Filed charter and qualified to do business in this State on January 05, 1998,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 25, 2017

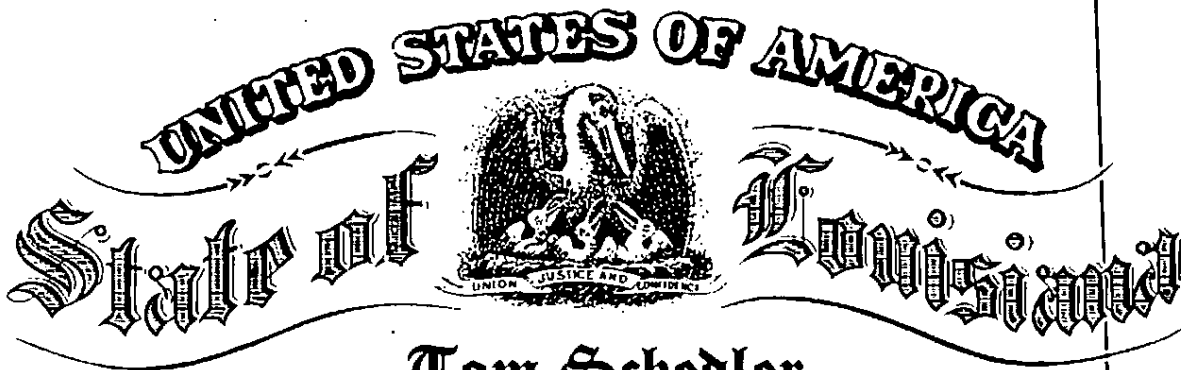
Secretary of State

Web 34604412D



Certificate ID: 10882527#CSL73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Incorporation of

TRUE TITLE, INC.

Domiciled at GRETN, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on January 05, 1998,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 25, 2017

Secretary of State

Web 34604412D



Certificate ID: 10882526#4PK73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov