(Req	uestor's Name)	
	ress)	
•	·	
	<b>\</b>	
ODA)	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
	<b></b>	
. (Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificate	s of Status
	• • • • • • • • • • • • • • • • • • • •	
Special Instructions to F	filing Officer:	ì
}		
ļ		
İ		
L		

Office Use Only



800304812558

11/01/17--01006--019 \*\* 78.08

AH 9: 24

17 OCT 31 AMII: T6

S. WARREN **NOV** 0 3 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	,		la de la companya de
TRUE TITLE, INC.			
SUBJECT: Na	ame of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certifabove referenced foreign corporation	icate of Good Star	nding" and check are sub	
Please return all correspondence con G. PATRICK HAND, III	cerning this matte	r to the following:	
	Name of	Person	
TRUE TITLE, INC.			
507 LONGFELLOW COURT, UNIT D	Firm/Con	npany	
	Addr	ess	
SAFETY HARBOR, FLORIDA 34695			
gpat3@tructitlefl.net	City/State a	ind Zip code	
E-mail ad	dress: (to be used	for future annual report	notification)
For further information concerning 1	nis matter, please	call:	
G. Patrick Hand, III	877	785-8792	
Name of Person	Area Coo	le Daytime Telep	hone Number
STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1. 32301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for the following	amount:		
	Filing Fee & Cate of Status	3 \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

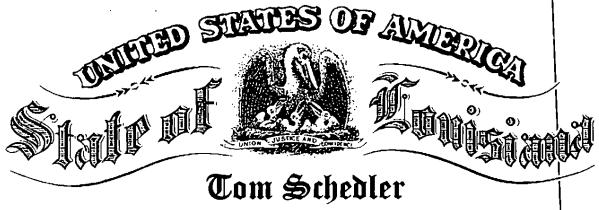
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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  Louisiana  72-1407076  10405/1998  10405/1998  10406/1998  10506  (Date of incorporation)  No business transacted in Florida prior to registration. Date will be November 1, 2017.  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Principal office address)  (Principal office address)  (Principal office address)  (Principal office address)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  (Current mailing address, if different)  (City)  Safety Harbor  (City)  (City)  (City)  (City)  Process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this cape further agree to comply with the provisions of all statutes relative to the proper and complete performance of a duties, and I am familiar with and accept the obligations of my position as registered agent.		E WITH SECTION 607, 1503, FLORIDA S REIGN CORPORATION TO TRANSACT		1
### 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 Louisiana  72-1407076  1 (FEI number, if applicable)  1 (Date of incorporation)  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)  507 Longfellow Court. Unit D. Safety Harbor, FL. 34695  (Current mailing address, if different)  Name:  (Current mailing address, if different)  Safety Harbor  Safety Harbor  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capifurther agree to comply with the provisions of all statutes relative to the proper and complete performance of nearther agree to comply with the provisions of all statutes relative to the proper and complete performance of nearther agree to comply with the provisions of all statutes relative to the proper and complete performance of nearther agree to comply with the provisions of all statutes relative to the proper and complete performance of nearther agree to accept and agree to accept and agree to accept and agree to accept and accept and agree to accept accept and agree to accept and agree to accept and agree to accept				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  Louisiana  (State or country under the law of which it is incorporated)  (Date of country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  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)  507 Longfellow Court, Unit D. Safety Harbor, Fl. 34695  (Principal office address)  Same  (Current mailing address, if different)  Name:  George Patrick Hand, III  507 Longfellow Court, Unit D  Safety Harbor  (City)	(Enter name of c		," "COMPANY," "CORPORATION,"	
Louisiana  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  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)  507 Longfellow Court, Unit D. Safety Harbor, F1, 34695  (Principal office address)  Same  (Current mailing address, if different)  Name:  George Patrick Hand, III  S07 Longfellow Court, Unit D  Safety Harbor  (City)  Safety Harbor  (City)  Alago5  (Zip code)  (Zip code)  (Alago5)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capa further agree to comply with the provisions of all statutes relative to the proper and complete performance of neutral prior in the provisions of all statutes relative to the proper and complete performance of neutral prior in the statutes relative to the proper and complete performance of neutral prior in the statutes relative to the proper and complete performance of neutral prior in the statutes relative to the proper and complete performance of neutral prior in the statutes relative to the proper and complete performance of neutral prior in the statutes relative to the proper and complete performance of neutral prior in the statutes relative to the proper and complete performance of neutral prior in the statutes relative to the proper and complete performance of neutral prior in the statutes relative to the proper and complete performance of neutral prior in the proper and complete performance of neutral prior in the proper and complete performance of neutral prior in the proper and complete performance of neutral prior in the proper and complete performance of neutra	Same			
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  507 Longfellow Court, Unit D. Safety Harbor, Fl. 34695  (Principal office address)  Same  (Current mailing address, if different)  Name:  (Current mailing address, if different)  Name:  (Current mailing address, if different)  (Current mailing address)  (City)  (FEI number, if applicable)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (See duration, if other than perpetual)  (City and if prior to registration)  (Current mailing address, if different)  (City address)	(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	isiness in Florida)
(State or country under the law of which it is incorporated) (1/05/1998)  (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  507 Longfellow Court, Unit D. Safety Harbor, Fl. 34695  (Principal office address)  Same  (Current mailing address, if different)  Name:  (Current mailing address, if different)  Name:  507 Longfellow Court, Unit D  Office Address:  Safety Harbor  (City)  (Cit	Louisiana	3	72-1407076	
(Date of incorporation) (Date of incorporation of incorporation in Florida in Florida in Florida in Florida. If prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  507 Longfellow Court. Unit D. Safety Harbor. Fl. 34695  (Current mailing address, if different)  Name:  George Patrick Hand, III  Soft Longfellow Court. Unit D  Safety Harbor  Safety Harbor  Safety Harbor  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capaluther agree to comply with the provisions of all statutes relative to the proper and complete performance of new process.	(State or country	y under the law of which it is incorporated)	(FEI number, if applies	able)
(Date of incorporation)  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)  507 Longfellow Court. Unit D. Safety Harbor. F1, 34695  (Principal office address)  Same  (Current mailing address, if different)  Name:  George Patrick Hand. III  Name:  507 Longfellow Court. Unit D  Safety Harbor  Safety Harbor  (City)  Safety Harbor  Florida  (City)  Registered agent's acceptance:  Itaving been named as registered agent and to accept service of process for the above stated corporation at the lexignated in this application. I hereby accept the appointment as registered agent and agree to act in this capality that the provisions of all statutes relative to the proper and complete performance of neutral prior in the service of process for the proper and complete performance of neutral process.		5	Perpetual	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  507 Longfellow Court, Unit D. Safety Harbor, Fl. 34695  (Principal office address)  Same  (Current mailing address, if different)  Name:  George Patrick Hand, III  507 Longfellow Court, Unit D  Safety Harbor  Safety Harbor  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capality that the provisions of all statutes relative to the proper and complete performance of new transactions.				n perpetual)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  507 Longfellow Court, Unit D. Safety Harbor, Fl. 34695  (Principal office address)  Same  (Current mailing address, if different)  Name:  George Patrick Hand, III  507 Longfellow Court, Unit D  Safety Harbor  Safety Harbor  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capality that agree to comply with the provisions of all statutes relative to the proper and complete performance of new transactions.		isacted in Florida prior to registration. Date v	vill be November 1, 2017.	
Same  (Current mailing address)  (Current mailing address, if different)  (City)   )	(Date first transacted business)	in Florida, if prior to registration)	<del></del>	
(Current mailing address, if different)  (City)		502, F.S., to determine penalty liability)		
(Current mailing address, if different)  (City)   _507 Longfellow ( '	Jourt, Unit D. Salety Hurbor, Fl. 34695			
(Current mailing address, if different)  3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Soft Longiellow Court. Unit D   Safety Harbor   Florida   Safety Harbor   Florida   Safety Harbor   Safet		(Princi	ipal office address)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    George Patrick Hand, III	Same			
Office Address:    Safety Harbor   Safety Harb		(Current maili	ing address, if different)	<b>三</b>
Name:    Soft Longfellow Court. Unit D   Safety Harbor   Florida   (City)   (Zip code)				
Name:    Soft Longfellow Court, Unit D   Safety Harbor   Florida   (City)   (Zip code)	3. Name and stree	gt address of Florida registered agent: (P.	O. Box NOT acceptable)	- 55 4 - E
Office Address:    Safety Harbor	Name:	George Patrick Hand, III		rala rala rasser
Office Address:    Safety Harbor   Florida   34695   (Zip code)		507 Longfellow Court, Unit D		つ 型。 二二
(City) (Zip code)  Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this cape further agree to comply with the provisions of all statutes relative to the proper and complete performance of n	Office Address:			
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa arther agree to comply with the provisions of all statutes relative to the proper and complete performance of n		Safety Harbor		54 ( <b>a</b>
Having been named as registered agent and to accept service of process for the above stated corporation at the lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capo further agree to comply with the provisions of all statutes relative to the proper and complete performance of n		(City)	(Zîp code)	
Having been named as registered agent and to accept service of process for the above stated corporation at the lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capo further agree to comply with the provisions of all statutes relative to the proper and complete performance of n	l Registered aga	ent's accentance		
lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this cap arther agree to comply with the provisions of all statutes relative to the proper and complete performance of n			vice of process for the above stated co	orporation at the pla
	lesignated in this	application, I hereby accept the appoint	tment as registered agent and agree t	to act in this capacit
				performance of my
$\sim (4-1)^{1/2}$		La tel	714	
(Registered agent's signature)	_	1 401100-11		_

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.

11. Nan	nes and business addresses of officers and/or directors:			Ì
A. DIR	ECTORS			1
Chairman		<u> </u> -		
Address:	901 Derbigny Street	<u> </u>		
	Gretna, Louisiana 70053	<u> </u>		
Vice Cha	G, Patrick Hand, III	1		_ <del></del>
Address:	507 Longfellow Court, Unit D	1		1
	Safety Harbor, Florida 34695			
Director:	G. Patrick Hand, Jr.	$\perp$		
Address:	901 Derbigny Street			
	Gretna, Louisiana 70053	1		
Director:		<u> </u>	k .	
Address:		-UU	, )	
		4	<b>)</b>	T1
B. OFF	TICERS TO SEE		<del>-                                    </del>	m m
Dmi.dmt	Timothy F. Hand	11.	=	
Address:	901 Derbigny Street	Ė	<b>2</b>	
Address.	Gretna, Louisiana 70053			
Vice Pres	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		<u> </u>	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or direction	ctor	·s	
12	Ratical on The			
are true	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Sta egree felony as provided for in s.817.155. F.S.  Carres Patrick Hand The Vice Prefice of part Corport Corport (Typed or printed name and capacity of person signing application)			
	(Typed or printed name and capacity of person signing application)		1	



SECRETARY OF STATE

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

### TRUE TITLE, INC.

A corporation domiciled in GRETNA, 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,

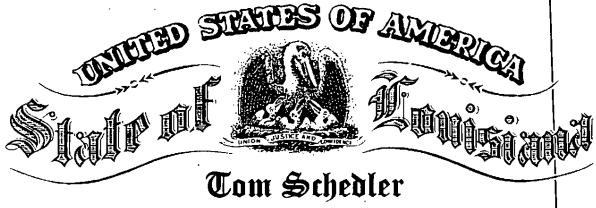
October 25, 2017

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

Secretary of State
Web 34604412D



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 GRETNA, 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