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(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	<u> </u>			





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T. LEMIEUX FEB 15 2022

COVER LETTER

D	egistration Section ivision of Corporations			
SUBJEC	T: Propy Title and Escrow Agency	Inc.		
SOBATA	Name of o	corporation -	- must include suffix	
Dear Sir o	r Madam;			
"Certificat	sed "Application by Foreign Corpore of Existence," or "Certificate of transcend foreign corporation to trans	Good Stand	ling" and check are submitte	
Please reti	arn all correspondence concerning	this matter	to the following:	
Anna Aten	eio			
		Name of P	erson	
Propy Title	and Escrow Agency Inc.			
•		Firm/Comp	pany	
9260 E Ra	intree Dr., Suite 120			
		Addres	SS	
Scottsdale	AZ 85253			
	(City/State an	d Zip code	1
anna@pro	pytitle.com			
	E-mail address: (1	to be used fo	or future annual report notifi	cation)
For furthe	r information concerning this matt	er, please ca	ill:	
Anna Aten	cio at	720 (323-4275	
N	lame of Person	Area Code	_) 323-4275 Daytime Telephone	Number
Re D TI 24	TREET/COURIER ADDRESS: egistration Section ivision of Corporations ne Centre of Tallahassee 115 N. Monroe Street, Suite 810 allahassee, FL 32303		MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 33	on rations
Please mak	is a check for the following amount e check payable to: FLORIDA DEP. Filing Fee	ARTMENT (\$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.

	Eserow Agency Inc. ornoration: must include "INCORPORA	TED," "COMPANY," "CORPORATION		
"lnc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		•	
Propy Title Age	ney			
(If name unavaila	able in Florida, enter alternate corporate	name adopted for the purpose of transacting	g business in Florida)	
2. Delaware		nder the law of which it is incorporated) 3. (FEI number, if applicable)		
(State or countr	y under the law of which it is incorporate	ed) (FEI number, if app	(FEI number, if applicable)	
12/03/2021		5.		
(Date	of incorporation)	5. (Date of duration, if other t	han perpetual)	
6. <u>N/A</u>				
23		ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liabilit	y)	
9260 E Raintree I	Dr. Suite 120, Scottsdale, AZ 85260			
/ ·	(Princip	al office street address)		
2425 W. Hedgeh	og Place, Phoenix AZ 85085			
	(Current	mailing address, if different)		
			22	
8. Name and <u>stree</u>	<u>t address</u> of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	-F1	
Name:	Keva Chester		المستركب المستركب	
Office Address:	7451 Riviera Blvd #211		2 FEB - 2 PM FEM.	
	Miramar	, Florida 33023(Zip code)		
	(City)	(Zip code)	点。	
designated in this further agree to co	ed as registered agent and to accept application, I hereby accept the app	service of process for the above stated pointment as registered agent and agre ttes relative to the proper and complet my position as registered agent.	corporation at the place e to act in this capacity. I	
ŀ	Keva Chester Digitall	y signed by Keva Chester 022.01.28 10:45:34 -07'00'		

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.

(Registered agent's signature)

A. DIRECTORS	•					
□Chairman	Name: Anna Atencio	□Chairman	Name: Natalia Karayaneva			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	6339 Orchard Park Dr. Unit #2	□Director	Menlo Park, CA 94025			
□President	Evans, CO 80634	■ President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	□Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
□Other		□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	□Other	□Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

, Anna M Atencio

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROPY TITLE AND ESCROW AGENCY 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-FIRST DAY OF JANUARY,

A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROPY TITLE AND ESCROW AGENCY INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MARCH, A.D. 2020.

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

Authentication: 202453483

Date: 01-21-22

7899981 8300 SR# 20220205179