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COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Peak Title Agency Co Inc.				
SOBILCI.	Name of	f corporation - m	ist include suffix		
Dear Sir or M	4adam:				
"Certificate of	l "Application by Foreign Cor of Existence," or "Certificate of need foreign corporation to tra	of Good Standing	" and check are subi		
Please return	all correspondence concernin	g this matter to th	ne following:		
Linda Siversto	:in			~ <u>.</u>	
		Name of Perso	on		
Peak Title Ag	ency Co			· _	
		Firm/Company	,	20	
200 S Andrew	rs Avenue #604			P	
		Address	-		
Ft Lauderdale	, FL 33301			Fil 1: 20	
	-	City/State and Z	ip code		
Juan@peaktit					
	E-mail address:	(to be used for fu	iture annual report n	otification)	
For further in	nformation concerning this ma	itter, please call:			
Linda Silverstein 754		754 7	755-5966		
Nan	ne of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	a check for the following amounteek payable to: FLORIDA DE ling Fee	PARTMENT OF Fee & S78	STATE 3.75 Filing Fee & rtified Copy	S87.50 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.

Peak Title Age	ncy Co. Inc.				
(Enter name of	corporation; must include "INCORPORATED," " Porp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION,"			
(If name unavai	lable in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	isiness in Florida)		
2. Michigan	3.				
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
4. 03/19/2018	5.				
(Dat	e of incorporation) 5.	(Date of duration, if other than perpetual)			
6. January 2020					
200 S. Androws	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	forida, if prior to registration) , F.S., to determine penalty liability)			
7. 200 S Andrews 7	Avenue #604, Ft Lauderdale, FL 33301 (Principal office	street address)			
	(Current mailing a	ddress, if different)	2022		
8. Name and stre	eet address of Florida registered agent: (P.O. I	Box NOT acceptable)			
Name:	Juan Ruiz	_	20 1		
Office Address:	200 S Andrews Avenue #604		F: 4: 2:		
	Ft Lauderdale	Florida 33301	 {\bar{2}} e_2		
	(City)	(Zip code)			

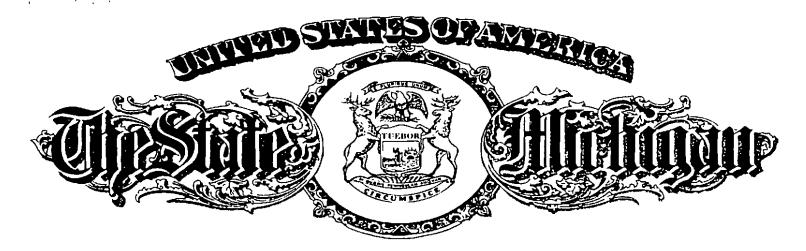
9. Registered agent's acceptance:

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.

A. DIRECTORS					
Chairman	Name: Rand Sre	□Chairman	Name:39300 W 12 Mile RD Address:		
□Vice Chairman	Address: 39300 W 12 Mile RD	■Vice Chairman			
□Director	STE 120	□Director	STE 120		
President	Farmington Hills, MI 48331	□President	Farmington Hills.	MI 48331	
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	ī	Treasurer	
□Other	Other	□Other		Other	
□Chairman □Vice Chairman ■Director	Name: 200 S Andrews Avenue Address: STE 604	□Chairman □Vice Chairman □Director	Address:		
□President	Ft Lauderdale, FL 33301	□President			
□ Vice President		□Vice President			
□ Secretary	□Treasurer	☐ Secretary		Treasurer ⊷	
□Other	Other	□Other]Other	
□Chairman	Name:	□Chairman □Vice Chairman	Name:	-7 :	
□Director		□Director		#: 2 ₂	
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐Secretary	[Treasurer	
Other	Other	□Other		Other	
	Use an attachment to report more than six (6). The attached to the index when filing your Plorida Department			oses only. Non-indexed	
12	Signature of Director of	OFF			
	ctor signing this document (and who is listed in numberalse information submitted in a document to the Depar	er 11 above) affirms th tment of State constitu			
13	(Typed or printed name and capacity of pers		<u> </u>		
	(1) pour or printed name and capacity of pers	оч этённій абілісаціон	• 7		



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PEAK TITLE AGENCY CO.

was validly incorporated on March 19 , 2018 as a Michigan DOMESTIC PROFIT CORPORATIONS and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

SING AND REGULATORY AND Proviles 4 Commercia

Sent by electronic transmission

Certificate Number: 22090450907

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of September, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau