F2400006290

(Requ	estor's Name)	
(Addre	ess)	
,	,	
(Addre	?SS)	
(City/S	State/Zip/Phone #)
PICK-UP	MAIT WAIT	MAIL
(Busin	ess Entity Name)
(Docu	ment Number)	
Certified Copies	Certificates of	f Status
		
Special Instructions to Fili	ng Officer:	
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Office Use Only



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November 1, 2024

LISA MAHLERWEIN 522 N. STATE ST. WESTERVILLE, OH 43082 US

SUBJECT: COLUMBUS TITLE AGENCY OF WESTERVILLE INC

Ref. Number: W24000148481

We have received your document for COLUMBUS TITLE AGENCY OF WESTERVILLE INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 224A00024068

RECEIVED NOV 2 1 2024

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JECT: Columbus Title Agency of W	esterville Inc		
		of corporation -	must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to the component of t	of Good Standi	ng" and check are subm	
Please	return all correspondence concern	ing this matter to	the following:	
Lisa M	ahlerwein			
		Name of Po	erson	
Colum	bus Title Agency of Westerville Inc			
		Firm/Comp	any	
522 N.	State St.			
	· <u>- ·</u>	Addres	S	
Wester	ville, OH 43082			
		City/State and	l Zip code	
lisam@	Pcolumbustitle.com			
	E-mail addres	s: (to be used fo	r future annual report no	tification)
For fu	rther information concerning this r	natter, please ca	II:	
Lisa M	ahlerwein	at (614) 	
	Name of Person	Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, Fl. 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please	sed is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee S78.75 Filin Certificate	EPARTMENT (ng Fee &	OF STATE \$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.

l .	Agency of Westerville Inc			
(Enter name of c	corporation; must include "INCORPORATED," orp." "Inc.," "Co." or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting business	s in Florida)	
Ohio				
2. (State or countr	y under the law of which it is incorporated)	263299054 (FEI number, if applicable)		
4. 09-04-2008		,,		
	e of incorporation)	(Date of duration, if other than perpe	tual)	
6.				
		Florida, if prior to registration) 02, F.S., to determine penalty liability)	 _	
7. 1901 Ulmerton R	d Suite 625-302 Clearwater FL 33762			
		ce <u>street</u> address)		
522 N. State St.,	Westerville, OH 43082			
	(Current mailin	g address, if different)	<u></u>	
			U, 11	
8. Name and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)	<u> </u>	
Name:	Joshua J. Fravel	<u> </u>	12 AON 1277	
Office Address:	1901 Ulmerton Rd Suite 625-302		T0 1:1	
	Clearwater	Starita 33762	යා යා	
	(City)	Florida 33762(Zip code)	Ω. Ω.	
0 D1			7	
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept services application. I hereby accept the appointments of all statutes registered accept the obligations of my posteriors. (Registered agent's si	nent as registered agent and agree to act i elative to the proper and complete perfori sition as registered agent.	n this capacity. I	
10. Attached is a the Department of	certificate of existence duly authenticated, i State, by the Secretary of State or other of	not more than 90 days prior to delivery of ficial having custody of corporate records	this application to in the jurisdiction	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address: 522 N. State St.
□Director	Westerville, OH 43082	□Director	Westerville, OH 43082
■ President		□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	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
Important Notice: individuals may be	Use an attachment to report more than six (6). The att added to the index when filing your Florida Departm	ent of State Annual Re	eport form.
14.	Signature of Director	or Officer	
The officer or direction is aware that falls, 817,155, F.S.	etor signing this document (and who is listed in numb also information submitted in a document to the Depar LISA Mahlerwein	er 11 above) affirms the timent of State constitu	hat the facts stated herein are true and that he or

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

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show COLUMBUS TITLE AGENCY OF WESTERVILLE, INC., an Ohio corporation, Charter No. 1803839, having its principal location in Westerville, County of Delaware, was incorporated on September 4, 2008 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of November, A.D. 2024.

Ohio Secretary of State

Fred John

Validation Number: 202432003994