

M03000000/233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4/18 FOR LLC

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MJH

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03 APR 18 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4-14-03

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Application for Certificate of Authority  
Designation of Registered Agent/Registered Office

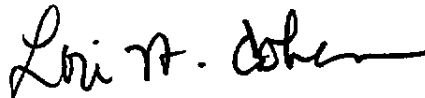
To Whom It May Concern:

I am submitting the application by a Foreign Limited Liability Company for authorization to transact business in Florida. I am enclosing a check in the amount of \$125.00 for this application along with the application for a Certificate of the Registered Agent/Registered Office. I am also enclosing an original certificate of existence from the Home State of Maryland.

Please do not hesitate to contact me with any questions you may have at:  
301-622-6000 ext.2765

Sincerely,

Professional Escrow Services, LLC.

A handwritten signature in black ink, appearing to read "Lori H. Cohen", with a stylized flourish at the end.

Lori H. Cohen

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Professional Escrow Services, LLC.  
(Name of foreign limited liability company)
2. Maryland  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 52-2269323  
(FEI number, if applicable)
4. 10-02-00  
(Date of Organization)
5. Dec. 31, 2050  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Have not transacted business in Florida yet  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1300 Piccard Drive, Suite L-105  
Rockville, MD 20850  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Michael P. Bell - managing member

Elliot M. Liss - managing member

Address same as above

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

Real Estate Settlements

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael P. Bell

Typed or printed name of signee

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08 APR 18 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Professional Escrow Services, LLC.

2. The name and the Florida street address of the registered agent and office are:

Esther Liss

(Name)

19532 Bayview Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Boca Raton FL

(City/State/Zip)

33434

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Esther Liss

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**STATE OF MARYLAND**  
***Department of Assessments and Taxation***

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PROFESSIONAL ESCROW SERVICES, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 08, 2003.



Paul B. Anderson  
Charter Division

