# M05000002490

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions.to	Filing Officer:	4
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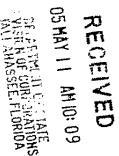


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	TRANSMITTAL LETTER	THE PROPERTY OF THE PROPERTY O
TO:	Registration Section Division of Corporations	F STAT
SUBJI	ECT: Mun Street Title + Eccow, UC (Name of Limited Liability Company)	

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Kate Kern

(Name of Person)

Mun Greet THE + Escrow, UC

(Firm/Company)

100 Mallard Cheek ld. #400

(Address)

Lovisuile Ky 40207

For further information concerning this matter, please call:

Kate Kern at (502) 736-1387 (Area Code & Daytime Telephone Number)

#### STREET ADDRESS:

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

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	□ \$155.00	Filing Fee &	☐ \$160.00 Filing Fee, Certificate
	Certificate of St	atus	Certified Copy	of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	EIGN
1. Main Street Title + Escrow, UC =====	n
(Name of Foreign Limited Liability Company)	THE PERSON
2 Kentucky 3 16/16/16/230 話 = "	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	III
company is organized)	O
4. Chone 02 5 Perpetual 35 ?	
(Date of Organization) (Duration: Year limited liability company will be to to	
exist or "perpetual")	
6. N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 100 Mallard Creek Rd. #400	
Louisville Kn Horo7	
() (Street Address of Principal Office)	
(Succession strings of the span 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:	
Mooser + Freibert Land Title Co., LC	
Moser + Freshers rand 11718 Co., LLC	
TITLE Parthers, (LC)	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recor	ds 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.)	
Val Table	
11. Nature of business or purposes to be conducted or promoted in Florida: Keal Gotate	
Ivansactions, Cosings 1	
Tiesele Teer Teer Teer Teer Teer Teer Teer T	
Signature of a member of 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.)	
an affirmation under the penalties of perjury that the facts stated herein are true.)  Typed or printed name of signee	

# 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.

. The name an	nd the Florida street address of the registered agent and office are:
	A.B. Stivers
	(Name)
	245 E. VIRGINIA STrEET
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahasse FL 32301
	City/State/Zip

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, Florida Statutes.

(Signature)

1. The name of the Limited Liability Company is:

Main Street Title + Escrow, UC

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



# Trey Grayson Secretary of State

### **Certificate of Existence**

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

## MAIN STREET TITLE & ESCROW, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is June 27, 2002.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 18th day of April, 2005.



Trey Grayson Secretary of State Commonwealth of Kentucky Tmorgan/0539686 - Certificate ID: 13333