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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Freedom Preferred Title, LLC	
(Name of Lim	ited Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	natter to the following:
H.	B. Stivers
(Na	me of Person)
Levine	& Stivers LLC
(Fir	m/Company)
245 Eas	st Virginia Street
	(Address)
Tallahas	ssee, FL 32301
(City/St	ate and Zip Code)
For further information concerning this matter, ple	ase call:
H.B. Stivers	at (850) 222-6580
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{Filing Fee}\$ Certificate of	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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

N COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Make Street Freedom Preferred Title, LLC
(Name of Foreign Limited Liability Company)
(Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-4022544 (FEI number, if applicable)
company is organized)
4. Geot 05 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date of Organization) (Duration: Year limited liability company will cease to
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
100 Mallard Creek Rd. #400
Lousville Kentuckes 40007
(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:
FIRST American Title
about
000000
PRAJNA GROUP In alba Liberty Mortga-E
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: Veal
11. Nature of dusiness of purposes to be conducted of promoted in Fiorida.
Estate Transactions, Closings
Signature of a member of an authorized representative of a member.
(In accordance with section 608.408(3), F. the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)
Typed or printed name of signee
and the control of t
PROPS

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.

2. The name and the Florida street address of the registered agent and office are:
A.B. Stivers
(Name)
245. E Virginia Street Florida Street Address (RO Box NOT ACCEPTABLE)
Florida Street Address (RO 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:

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

Commonwealth of Kentucky 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,

FREEDOM PREFERRED TITLE, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is September 2, 2005.

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 19th day of October, 2006.

Certificate Number: 38589

Jurisdiction: Florida

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx_to validate the authenticity of this certificate.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
38589/0621004