# Mo700003903

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
	·			
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Eiling Officer			
Special metroctions to	Filing Officer.			

Office Use Only



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06/05/07--01030--015 \*\*130.00

06/05/07--01030--016 \*\*25.00

SECRETARY OF STATE STATE OF CORPORATIONS

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: AMERICAN ESCROW & TITLE, LL	_C	
	nited Liability Company)	
The enclosed "Application by Foreign Limited Li Florida," Certificate of Existence, and check are s liability company to transact business in Florida	submitted to register the above referenced foreign	
Please return all correspondence concerning this r	matter to the following:	
JOHN C. ECKERT		
(N	ame of Person)	
AMERICAN ESCROW & TITLE	≣, LLC	NAID S
(Fi	irm/Company)	ECRE
606 E MAIN STREET	irm/Company)	
•	(Address)	F ST/ PORA
MADISON, IN 47250		OF STALE OF STALE ORPORATIONS
(City/S	state and Zip Code)	
For further information concerning this matter, pl	ease call:	
JOHN C. ECKERT	at ( 812 ) 265.1606	
(Name of Person)	(Area Code & Daytime Telephone Number	r)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\sum \\$125.00 \text{ Filing Fee}\$  Certificate of the following amount:		

## 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	AMERICAN ESCROW & TITLE, LLC				
	(Name of Foreign Limited Liability Company)				
	KENTUCKY, USA 3. 20-1660905				
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)				
4.	August 18, 2004 <sub>5.</sub> Perpetual				
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")				
6.					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7.	2123 SW 20th Place, Suite 102				
	Ocala, FL 34474				
	(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: 😛 😤				
	Frederick D. Gessner, 13121 Eastpoint Boulevard, Unit 7G, Louisville, KY 40223				
	John C. Eckert, Eckert Law Firm, 606 E Main Street, Madison, IN 47250				
10	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in				
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a				
	nslation of the certificate under cath of the translator must be submitted.)				
11	. Nature of business or purposes to be conducted or promoted in Florida: title, closing, and escrow				
	services O O O O O O O O O O O O O O O O O O O				
	- The I thin				
	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.)				
	John C. Eckert				
	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.

	ED OFFICE AND REGISTERED AGENT IN THE STATE OF	
FLORIDA.		
1. The name of the Limited Liab	ility Company is:	

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

AMERICAN ESCROW & TITLE, LLC

Heath Fleming	(Name)	_
	(Name)	0
2123 SW 20th P	lace, Suite 102	ASSIGNED TO THE PROPERTY OF TH
Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)	1 77
Ocala	FL 34474	S PH
	City/State/Zip	- 4 AA
		39

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)

\$ 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,

### AMERICAN ESCROW & TITLE, LLC.

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is August 18, 2004.

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 29th day of May, 2007.



Ta62

Trey Grayson Secretary of State Commonwealth of Kentucky mstratton/0592810 - Certificate ID: 48539