# M0700004667

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



600106892006

08/02/07--01019--020 \*\*130.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

7 AUG -2 PM 1: L

#### **COVER LETTER**

	gistration Section ision of Corporations	·			
SUBJECT					
	(Name of L	imited Liability Company)			
Florida," C		Liability Company for Authorization to Trace submitted to register the above referenced i			
Please retu	rn all correspondence concerning this	s matter to the following:			
		Kevin Schmidt			
	(	Name of Person)			
	Titan Co	ommercial Lending, L.L.C.	SI	0:	
	(	Firm/Company)	CRE	7 AU	
		216 Texas Street	HASSE	6-2	CONTRACTOR OF THE PERSON OF TH
		(Address)	707	PH	
			STAT	1: 43	
		veport, Louisiana 71101	D.F.	ယ	
	(City	/State and Zip Code)			
For further	information concerning this matter,	please call:			
	Kevin Schmidt	at (318) 213-5626		_	
<del></del>	(Name of Person)	(Area Code & Daytime Telephone	Numb	er)	
MA	AILING ADDRESS:	STREET ADDRESS:			
Div	rision of Corporations	Division of Corporations			
	). Box 6327	Clifton Building			
Tal	lahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
		ramanassee, 1 L 52501			
	s a check for the following amount: 125.00 Filing Fee \$\infty\$\$130.00 Filing Fee Certificate		ng Fee, ( Status &		

### 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: Titan Commercial Lending, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 6-6-2007 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 216 Texas Street Shreveport, Louisiana 71101 (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: Kevin Schmidt -- 216 Texas Street, Shreveport, Louisiana 71101 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

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.)

Kevin Schmidt

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

Typed or printed name of signee

Commercial Brokerage

translation of the certificate under oath of the translator must be submitted.)

## 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 C	ompany is:				
·	Titan Con	nmercial Lending, L.L.C,		·		
If name unava	silable, the alternate name	to be used in the state	of Florida is:			
2. The name a	and the Florida street add	ress of the registered a	gent and office are:	07 AUG SECRET		
		C T Corporation System		TAR		
(Name)						
1200 South Pine Island Road				PM 1: 43 OF STATE S. FLORIDA		
	ACCEPTABLE)	T BX A				
	Plantation	FL	33324			
·	<del>• • • • • • • • • • • • • • • • • • • </del>	City/State/Zip		<del></del>		
liability compa agent and agre relating to the p	amed as registered agent a ny at the place designated e to act in this capacity. I proper and complete perfo ny position as registered a	in this certificate, I her further agree to compl rmance of my duties, a	reby accept the appoin by with the provisions o nd I am familiar with a	tment as registered of all statutes and accept the		
By: KM	CT Corporation System  System (Signature)	•	imberly Baggett ssistant Secretary			
	\$ 100 \$ 25 \$ 30	.00 Designation of	Registered Agent	·		

Certificate of Status (optional)

## United States of America State of Louisiana



#### As Secretary of State, Jay Dardenne, I do hereby Certify that

#### TITAN COMMERCIAL LENDING, L.L.C.

A limited liability company domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on June 6, 2007,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this of Office.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
July 9 2007

Secretary of State



Certificate ID: 20070709001420

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.iouisiana.gov