# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000265873 3)))



H090002658733ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 120000000088

: 120000000088 : (800)221-0102

Phone Fax Number

: (212)564-6083

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Two Rivers Title Company, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

9 DEC 29 RM 2: 06

SECRETARY OF STATE

ALLAHASSEE, FLORIDA

Corporate Filing Menu

Help

DEC 3 0 2009

J. BRYAN

EXAMINER 12/29/2009

https://efile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

(((H09000265873 3)))

# 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: Two Rivers Title Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (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.") **New Jersey** 20-0477017 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 05/09/2003 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") **Upon qualification** (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 26 Ayers Lane Little Silver NJ 07739 (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: Matthew A. Cohen 26 Ayers Lane Little Silver 07739 Leslie Howard 26 Ayers Lane Little Silver 07739 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Title insurance and related activities 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.) MATTHEW Cohen Typed or printed name of signee

(((H09000265873 3)))

(((H09000265873 3)))

## 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 th	e Limited Liability Company	y is:				
	Two Rivers T	itle Company,	LLC			_
If name unavailab	le, the alternate name to be u	ised in the state	of Florida is:			
2. The name and	the Florida street address of	the registered a	gent and office are:	SECRE	09 DEC 29	-
	National Corpo	rate Research,	Ltd., Inc.	KAR	; 29	r
_	,	(Name)		13.00 A 05.00	圣	IT
515 East Park Avenue					ထ္	
<del></del>	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee	FL	32301			
_		City/State/Zip				
liability company of agent and agree to relating to the proj	d as registered agent and to a  at the place designated in this act in this capacity. I further  per and complete performance  position as registered agent a  Performance  (Signature)	certificate, I he ragree to compl e of my duties, a	reby accept the apport by with the provisions and I am familiar with Chapter 608, Floria	intment as of all stati n and accep	registe ues	ered
		Filing Fee for A Designation of	Application Registered Agent			

Certified Copy (optional) 5.00 Certificate of Status (optional)

\$ 30.00

(((H09000265873 3)))
STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

### TWO RIVERS TITLE COMPANY, LLC

0600169311



I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 9, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Matthew A. Cohen, Esq. 26 Ayers Lane Suite 202 Little Silver, NJ 07739



Certification# 116050791

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of December, 2009

R. David Rousseau

R. David Roussea State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

(((H09000265873 3)))