

M 1400000 1912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

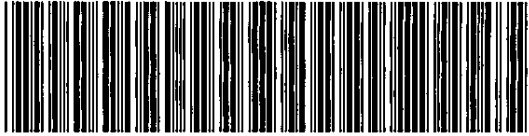
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/17/14--01032--002 ~~**35.00~~
\$125.00

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14 MAR 17 AM 9:26
MILIGAN EXAMINER

M. MILLIGAN
EXAMINER

MAR 24 2014

08:21

Inquire By Deposit Number

03/25/14

DEP Page 0002/0020

Deposit Number	: 03/17/14 01032 002	Deposit Amount	: 125.00
Account Number	:	Deposit Balance	: 0.00
Refund Request Date	:	Debit Memo Date	:
Refund Mail Date	:	Void Date	:
Refund Amount	: 0.00	User ID	: EODOM
Requester	:		

		DOC Page	0001/0001
Tracking Number	: 800257771218	Document Number	: M14000001912
Ledger Date	: 03/17/14	Sub Account Number	:
Document Requester	: CORAFORL		

<u>Category</u>	<u>Description</u>	<u>Amount</u>
CF	ALL CORP FILING FEES	125.00



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Black Knight Real Estate Data Solutions, LLC
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:

April Johnson

Name of Person

Black Knight Financial

Firm/Company

601 Riverside Avenue

Address

Jacksonville FL 32204

City/State and Zip Code

april.johnson@bkfs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Johnson

Name of Contact Person

904

Area Code

854-5256

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
MAR 17 11 08 26
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Black Knight Real Estate Data Solutions, LLC

(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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. California

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 95-4237556

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 601 Riverside Avenue

Jacksonville FL 32204

(Street Address of Principal Office)

6. 601 Riverside Avenue

Jacksonville FL 32204

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Black Knight Data & Analytics, LLC, member

601 Riverside Avenue

Jacksonville FL 32204

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael L. Gravelle, Authorized Person

Typed or printed name of signee

FILED
MAR 17 11 08 AM '09
STATE OF FLORIDA
DEPARTMENT OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Company is:

Black Knight Real Estate Data Solutions, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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 605, Florida Statutes.

Nicole Chouinard

(Signature)

Nicole Chouinard
Assistant Secretary

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

FILED
MAR 17 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME: BLACK KNIGHT REAL ESTATE DATA SOLUTIONS, LLC

FILE NUMBER: 201335710094
FORMATION DATE: 12/20/2013
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
14 MAR 17 10 02 AM
SACRAMENTO

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 3, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

NLH