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COVER LETTER

TO: **Registration Section** Division of Corporations

Fidelity National Financial Ventures, 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 ma	tter to the following:	
	Michael L. Grav	elle	
		Name of Person	
	Fidelity Nationa	I	
		Firm/Company	
	601 Riverside A	venue	
		Address	
	Jacksonville FL	32204	
		City/State and Zip Code	
	nemzuram@ctt.	com	
	E-mail address:	(to be used for future annual rep	ort notification)
For further infor	rmation concerning this matter, pleas	se call:	
Ma	rjorie Nemzura	_{at (} 312	223-4552
	Name of Contact Person	Area Code	Daytime Telephone Number
Divisio Registi	ING ADDRESS: on of Corporations ration Section ox 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building	

MAII

Divisi Regist P.O. B Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fce □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

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

(If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C." or "L.L.C.")	transacting business in Florida. The alternate name mu	ist include	"Limited
₂ Delaware	_{3.} 84-1716261		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
4			
(Date first transacted business in (See sections 605.0904 & 605.090)	n Florida, if prior to registration.) 5, F.S. to determine penalty liability)	2.S.	<u></u>
_{5.} 601 Riverside Avenue		L.C	,
Jacksonville FL 32204		25 N	- Service
6 601 Riverside Avenue	ss of Principal Office)	וֹלְגָּנֵים א	r,n
Jacksonville FL 32204			
(Mail	ing Address)		
7. The name, title or capacity and address of the per Fidelity National Financial, Inc., me 601 Riverside Avenue	son(s) who has/have authority to manage	is/are:	
7. The name, title or capacity and address of the per Fidelity National Financial, Inc., me	son(s) who has/have authority to manage	is/are:	

Michael L. Gravelle, Authorized Person

Typed or printed name of signee

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 Compa	anv is
--	--------

Fidelity National Financial Ventures, LLC

If unavailable, th	e alternate to be use	ed in the state of Florida is:			
			32. c :	<u></u>	_
 The name and the Florida street address of the registered agent and office are: C T Corporation System 				S EOF	econyma; E entresan
				23 PM	Party and
		(Name)	— FOI - FOI - FOI		हुउग राभ ाः स
	1200 South	Pine Island Road	ATE A	ंग	Tares En
•	Florida S	treet 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.



(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)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FIDELITY NATIONAL FINANCIAL

VENTURES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO

FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF

MAY, A.D. 2014.

4210527 8300

140571690

Jeffrey W. Bullock, Secretary of State

DATE: 05-07-14

You may verify this certificate online at corp. delaware. gov/authver. shtml