Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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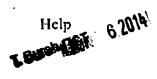
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Foreign Limited Liability Company HMM Title Agency, LLC

Certificate of Status	. 1
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COVER LETTER

		CU	ERLEITER	
TO: Re	Estration Section			
	irion of Corporatio	ns		
SUBJECT:	HMM Title Agency	, LLC		
			ed Liability Company	
The enclose Existence, a	d *Application by Po nd check are submitte	reign Limited Liability Con ed to register the above refe	ipany for Authorization to Tr renced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida.
Pl eas e retun	all correspondence	concerning this matter to the	e following:	
	Harold A Huds	on .		
		1	fame of Person	
	Hudson Law G	roup, P.C.		
		Ī	'irm/Company	
	3475 Lenox Ro	ad NE, Suite 930		
			Address	
	Atlanta, Georgi	a 30326		
		City	itate and Zip Code	
	harold@thchhfir	m.com		
		E-consil address: (to be use	d for future summal report notifi-	eation)
For further in	nformation concernin	g this matter, please call:		
Ha	rold A Hudson		at 770 319-66	518
	Name (of Contact Person	at (770 319-66	sytime Telephone Number
MA	ILING ADDRESS	STRE	ET ADDRESS:	
Div	ision of Corporation		m of Corporations	
	istration Section	_	ation Section	
	. Box 6327		Building_	
Tal	lahassee, FL 32314	The state of the s	executive Conter Circle assoc, FL 32301	<i>,</i> •
Enclosed i	s a check for the i	following amount:		
	S125.00 Filing Fee	Ø \$130.00 Piling Fee &	☐ \$1.55.00 Filing Fee &	S160,00 Filing Fee, Certificate
۽ ب	I limb . cc	Certificate of Status	Certified Copy	of Status & Certified Copy
			Tarmes aski	

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:

	IGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:			
1. <u>HM</u>	IM TITLE AGENCY, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LUC."	~		
(If name Liability	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name now y Company," "L.L.C," or "LLC.")	st include "Limit	ed	
2. GEC	DRGIA 3 46-5249089	=		
(Juris	ediction under the law of which foreign limited liability (FEI number, if applicable) spany is organized)) E03	140	G
4. N/		AR.	-	_
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to defermine penalty liability)	ASSI ASSI	చ	1
5. 347	75 LENOX ROAD NE, SUITE 930	III C	PH	i
AT	TLANTA, GEORGIA 30326	FLO	E.	8
	(Street Address of Principal Office)	REF.	_	•
6	Same as above	<u> </u>	CJT .	
	(Mailing Address)			
7. Th	ne name, title or capacity and address of the person(s) who has/have authority to manage	is/are:		
	A. Hudson, 3475 Lenox Road NE, Suite 930, Allanta, Georgia 30326 Manager			
David (C. Merino, 1505 Koger Boulevard, Suite 390, Duluth, Georgia 30096 Manager			
•				
having accept	ached is an original certificate of existence, no more than 90 days old, duly authenticated g custody of records in the jurisdiction under the law of which it is organized. (A photocatable. If the certificate is in a foreign language, a translation of the certificate under oath be submitted)	opy is not		
noose nl) evens me	Signature of an authorized person dence with section 605 0203, f.S., the execution of this document constitutes an affirmation under the penalties of perjury that the state any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in	facts stated herein (1.817,155, F.S.)	pre true 1	
	Harold A. Hudson			
	Timed or printed name of singer			

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.

HMM Title Agency, LLC				
If unavailable, the alternate to be used in the state of Florida is:			14 007	constant in
2. The name and the Florida street address of the registered agent and office are:		CHETARY LAHASSEI	ည်	one make
C T Corpo	oration System	in C	2	
 -	(Name)	F STATE FLORID	5	Secretary of the last of the l
1200 Sout	h Pinc Island Road	RG A	រភា	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Plantation	FL 33324			
	Ciry/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.

Jenifer Vincent

Greature

Signature

Signat

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : March 31, 2014

JURISDICTION PRINT DATE

: 14031844 : Georgia

: October 02, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the my office that

> HMM Title Agency, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgianon the above date. Said entity is in compliance with the applicable of the same the above date. Said entity is in compliance with the applicable filing and annual registration. provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

B: 1.h

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