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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2014

BLACK KNIGHT 2510 N REDHILL AVE SANTA ANA, CA 92705

SUBJECT: BKFS I SERVICES, LLC Ref. Number: W14000039491

We have received your document for BKFS I SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00013737



June 13, 2014

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

Re: BKF5 | Services, LLC

Application to Register a Foreign Limited Liability Company

Dear Sir or Madam:

On behalf of the above-referenced company, enclosed is the following:

- One (1) original and one (1) copy of the Application to Register a Foreign Limited Liability Company, along with a copy of a Certificate of Good Standing from its domicile State of Delaware; and
- 2. Our check number 2010251539, made payable to the Secretary of State in the amount of \$155.00 to cover required filing fees.

A postage paid return envelope is enclosed for your convenience in sending a stamped copy of the approved filing. If you have any questions regarding this filing, feel free to contact the undersigned.

very citily yours

Madeline G. M. Lovejoy Assistant Vice President

Assistant Secretary

Corporate Legal Administrator Telephone: (949) 622-5050

Facsimile: (949) 622-5060

E-mail: madeline.gm.lovejoy@fnf.com

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

BKFS I Services, 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:

## Madeline G. M. Lovejoy

Name of Person

## Fidelity National Financial

Firm/Company

2510 N. Redhill Ave.

Address

Santa Ana, CA 92705

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:

#### Madeline G. M. Lovejoy

,949

622-5050

Name of Person

Area Code & Daytime Telephone Number

#### **MAILING ADDRESS:**

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

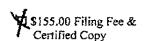
#### STREET ADDRESS:

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



☐ \$160.00 Filing Fee, Certificate 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:

1. BKFS I Services, LLC					<del></del> .
(Name of Foreign Limited Liability Company; must	include "Limited I	Liability Company," "L.L.C.,"	or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	of transacting bus	iness in Florida. The alternate	name must in	clude "	Limited
2 Delaware	3 30-08032	239			
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if appl	icable)		:
4 Upon Receipt					
(Date first transacted busines (See sections 605.0904 & 605.0					
5. 601 Riverside Avenue					<del></del> -
Jacksonville, FL 32204					
(Street Ad	dress of Principal (	Office)			<del></del> ,
6. 601 Riverside Avenue	·				<del></del> :
Jacksonville, FL 32204				_	
()	Aniling Address)				
7. The name, title or capacity and address of the p	person(s) who	has/have authority to r	nanageris/:	art.	
Black Knight Financial Services, LLC - MGRM			AHA	8	
601 Riverside Avenue, Jacksonville, FL 32204	<u>-</u> .		4RY SSEE	28	Estern.
				<b>=</b>	<u> </u>
			50	ف	ansama i d
			<u> </u>	<del>-</del> -	
8. Attached is an original certificate of existence, r					
having custody of records in the jurisdiction under					
acceptable. If the certificate is in a foreign languag	ge, a translation	n of the certificate unde	er oath of t	he tra	ınslator
must be submitted)	/				
	of an authorize				
fin accordance with section 605.0203, F.S., the execution of this document am aware that any false information submitted in a document to the Depart	constitutes an affirmment of State constit	parion under the penalties of perju- utes a third degree felony as provi	ry that the facts ded for in \$.817	stated h	ercin are true S.)
Michael L. Gravelle	<del>-</del> =		·		÷
Typed or prin	nted name of s	ignee			

g 1 k

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 of 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.

AGENT IN TI	HE STATE OF FLORIDA.		
1. The name of	of the Limited Liability Comp	any is:	
BKFS   Services	,LLC	······································	· · · · · · · · · · · · · · · · · · ·
If unavailable,	the alternate to be used in the	e state of Florida is:	
2. The name a	nd the Florida street address	of the registered agent and office are:	7000
	CT Corporation System		
		(Name)	
	1200 South Pine Island Road		rs a d
	Florida Street Add	hem (P.O. Box NOT ACCEPTABLE)	
	Pinntation	pr. 33324	नेतां =
	*	City/State/Zip	
liability compa registered agen statutes relatin	ny at the place designated in to it and agree to act in this capa is to the proper and complete p	to accept service of process for the abo his certificate, I hereby accept the app with I further agree to comply with the verformance of my duties, and I am fan tered agent as provided for in Chapter	ointment as se provisions of all niliar with and
	C T Corporation System  By: (Signs	ture) A.O. Company	Angel Nunez ssistant Secretary
	\$ 100,00	Filing Fee for Application	
	\$ 25.00	Designation of Registered Agent	
	\$ 30.00 \$ 5.00	Certified Copy (optional) Certificate of Status (optional)	

## Delaware

DAGE T

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BKFS I SERVICES, 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 NINTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FORTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

THE OCT 28 AN 9: 47

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You may vorify this cortificate online at corp. deleware.gov/authver.shtml

AUTHENTICATION: 1766533

DATE: 10-09-14