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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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SECKETARY OF STATE A

Office Use Only

115-44964

JUL 1 5 2015 T. MAMPTON

COVER LETTER

	Registration S Division of Co		s				
SUBJEC		National Ti	tle, LLC				
SOBJEC			Name of L	imited Liability (Company		
			eign Limited Liability Compa I to register the above refere				
Please ret	turn all corresp	ondence co	oncerning this matter to the f	following:			
	Kenne	eth Nickel					
•			Na	me of Person		· · · · · · · · · · · · · · · · · · ·	
	Forwa	ard Mome	ntum International LLC				
			Fir	m/Company			
	2071	Glacier Dr	rive, Suite 3				
				Address			
	Saint	Croix Fall	, WI 54024				
	_ 		City/St	ate and Zip Code		7977-1945-9-7	
	complia	ance@keyl	inknationaltitle.com				
			E-mail address: (to be used	for future annual	report noti	fication)	
For furthe	er information of	concerning	this matter, please call:				
1	Kenneth Nicke	el		888 at (697-177	77	
_		Name of	Contact Person	Area Code	Dayı	time Telephone Number	
] F F	MAILING AD Division of Cor Registration Se P.O. Box 6327 Fallahassee, FL	rporations ection			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	is a check for t ■ \$125.00 Fili		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fec, Ce of Status & Certified Cop	



RECEIVED

15 JUL 14 PM 4: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 1, 2015

KENNETH NICKEL FORWARD MOMENTUM INTERNATIONAL LLC 2071 GLACIER DR - STE 3 SAINT CROIX FALLS, WI 54024

SUBJECT: KEYLINK NATIONAL TITLE, LLC

Ref. Number: W15000044964

We have received your document for KEYLINK NATIONAL TITLE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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.

Tammy Hampton Regulatory Specialist III

Letter Number: 515A00013878

TRANSMITTAL MEMORANDUM

W. Kall

DATE:

July 11, 2015

FROM:

Kenneth W. Nickel

Tel: 888-697-1777

TO:

Division of Corporations

Registration Section P.O. Box 6327

Tallahassee, FL 32314

RE:

KeyLink National Title, LLC

Reference Number: W15000044964

Application by Foreign LLC for Authorization to Transact Business in Florida

You returned the above-referenced application with your letter, dated, July 1, 2015 (copy attached), because the registered agent did not sign their consent letter. As directed in your letter, please find enclosed the following documents:

- 1. Application by Foreign LLC for Authorization to Transact Business in Florida (original).
- 2. Copy of letter from the Florida Department of State, Division of Corporations, dated July 1, 2015.
- 3. Signed consent letter from InCorp Services, Inc.
- 4. Certificate of Good Standing (a Certificate of Good Standing was submitted with the original application, but we are enclosing another copy just to be sure you have one). If you do not need this Certificate of Good Standing, please return it with a copy of the filed Application for Authorization.

Please note that the check for the filing fee of \$125.00 was submitted to your office with the original application, and has been cashed. For that reason, a filing fee is not included with this submission. Please expedite the processing of the above-referenced application. If there are any questions, please direct them to Kenneth Nickel at the number set forth above. You may also reach me at my cell phone (831-737-8663) or via e-mail (kwnlaw@msn.com).

Upon completion of the filing, please forward it to my office address, which is as follows:

Forward Momentum International LLC 2071 Glacier Drive, Suite 3 Saint Croix Falls, WI 54024

Thank you for your attention to this application.

SECRETARY OF STATE

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:

	eigh Limited Liability Company; in	ust include "Limited Lia	bility Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	lternate name adopted for the purpo	se of transacting busine	ss in Florida. The alternate nan	ne must include "Limited
2. Rhode Island		37-1775674		
	of which foreign limited liability	J	(FEI number, if applicable)	
4. N/A				
	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if prior to 5.0905. F.S. to determin	o registration.) e penalty liability)	_
5. 127 John Clarke Road		,		TAE 15
Middletown, RI 0284	2			CRE
		Principal Office)		- 33 - 1
6. 127 John Clarke Road				TARY OF
Middletown, RI 0284	2			SECRETARY OF STATE SECRETARY OF STATE
		(Address)		- 晃 5
7. Name and street addre	ss of Florida registered agent: (I	,	table)	TE A
	InCorp Services, Inc.	.c. box <u>Hor</u> lecop		
Name:	17888 67th Court		_	
Office Address:				
	Loxahatchee		_ , Florida <u>33470</u>	_
	(City)		(Zip code)	
	otance:		,	
Having been named as re this application, I hereby with the provisions of all	otance: egistered agent and to accept se accept the appointment as regi. statutes relative to the proper a ition as registered agent.	stered agent and agre	ne above stated corporation the to act in this capacity. I	further agree to compl
Having been named as re this application, I hereby with the provisions of all	otance: egistered agent and to accept set accept the appointment as regi- statutes relative to the proper a- ition as registered agent. See attached.	stered agent and agre nd complete perform	ne above stated corporation te to act in this capacity. I j ance of my duties, and I am	further agree to compl
this application, I hereby with the provisions of all the obligations of my post	otance: egistered agent and to accept set accept the appointment as regi- statutes relative to the proper a- ition as registered agent. See attached.	stered agent and agree and complete performs stered agent's signature) s) who has/have autho	ne above stated corporation the to act in this capacity. If ance of my duties, and I among the corporation is a second to the corporation in the corporation in the corporation is a second to the corporation in the corporation is a second to the corporation in the corporation is a second to the corporation in the corporation is a second to the corporation in the corporation is a second to the corporation in the corporation in the corporation is a second to the corporation in the corporation in the corporation is a second to the corporation in the corporation	further agree to compl
Having been named as rethis application, I hereby with the provisions of all the obligations of my posts. 8. The name, title or capa John Nathan Chandler, M	egistered agent and to accept set accept the appointment as registered agent. See attached. (Registered and address of the person(stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and accept and accept accept and accept and accept accept and accept	stered agent and agree and complete performs stered agent's signature) s) who has/have author Middletown, RI 0284 ays old, duly authenticertificate is in a forei	the above stated corporation the to act in this capacity. If ance of my duties, and I amore that an arrive to manage is/are:	further agree to comply a familiar with and acc
Having been named as rethis application, I hereby with the provisions of all the obligations of my posts. 8. The name, title or capa John Nathan Chandler, M. 9. Attached is a certificate jurisdiction under the law	egistered agent and to accept set accept the appointment as registered agent. See attached. (Registered and address of the person(stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and address of the person (stanager, 127 John Clarke Road, accept and accept and accept accept and accept and accept accept and accept	stered agent and agree and complete performs stered agent's signature) s) who has/have autho Middletown, RI 0284	the above stated corporation the to act in this capacity. If ance of my duties, and I amore that an arrive to manage is/are:	further agree to comply a familiar with and acc

Typed or printed name of signee

John Nathan Chandler



2360 Corporate Circle, Suite 400 Henderson, NV 89074

Phone 702.886.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

June 26, 2015

Corporations Division
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Incorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67th Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **KeyLink National Title**, **LLC** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 from 6:00 a.m. to 3:00 p.m. PST.

Sincerely,

INCORP SERVICES, INC.

Jackie DeFilippis, Processor on behalf of Incorp Services, Inc.

15 JUL IL PM 3: 53
SECRETARY OF STATE
SECRETARY OF STATE



Certification Number: 15060045850

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

KeyLink National Title, LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

January 02, 2015

Effective

January 02, 2015

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Tulli U. Kolen

Tuesday, June 16, 2015

Secretary of State

Authorized Agent

