M15000005721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 JUL 14 PM 3:46
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TALLAHASSEE, FLORIDA

JUL 21 2015
J. HARRIS

**COVER LETTER**

**TO: Registration Section**
**Division of Corporations**

**SUBJECT:** Linear Title, 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:

Kenneth Nickel
Name of Person

Forward Momentum International LLC
Firm/Company

2071 Glacier Drive, Suite 3
Address

Saint Croix Fall, WI 54024
City/State and Zip Code

compliance@lineartitle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Nickel at (888) 697-1777
Name of Contact 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
- ☐ $155.00 Filing Fee & Certified Copy
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2015

KENNETH NICKEL
FORWARD MOMENTUM INTERNATIONAL LLC
2071 GLACIER DRIVE, SUITE 3
SAINT CROIX FALL, WI 54024

SUBJECT: LINEAR TITLE, LLC
Ref. Number: W15000044960

We have received your document for LINEAR 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00013877

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15 JUL 14 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Linear Title, 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. Rhode Island
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-2524432
(FEI number, if applicable)

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

5. 127 John Clarke Road
Middletown, RI 02842
(Street Address of Principal Office)

6. 127 John Clarke Road
Middletown, RI 02842
(Mailing Address)

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15 JUL 14 PM 3:46
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TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court

Loxahatchee (City), Florida 33470 (Zip code)

**Registered agent's acceptance:**
***Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.***

See attached.
(Registered agent's signature)

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

John Nathan Chandler, Manager, 127 John Clarke Road, Middletown, RI 02842

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

John Nathan Chandler
Typed or printed name of signee

INCORP

2360 Corporate Circle, Suite 400
Henderson, NV 89074

Phone 702.866.2500
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 **Linear 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.

State of Rhode Island and Providence Plantations

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea,** *Secretary of State*

*Certification Number:* **15060045540**

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

**LINEAR TITLE, LLC**

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

*January 05, 2011* *Effective* *January 05, 2011*

*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*

*Tuesday, June 16, 2015*

*Secretary of State*

*Authorized Agent*