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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ark Title Group, 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:

John McDermitt

Name of Person

Ark Title Group, LLC

Firm/Company

10150 Mallard Creek Rd., Suite 106

Address

Charlotte, NC 28260

City/State and Zip Code

john.mcdermitt@costnerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John McDermitt

980

219-7637

Name of Contact Person

at () 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

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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

**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. Ark Title Group, 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. North Carolina 3. 46-4523641
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. _____
10150 Mallard Creek Rd., Suite 106, Charlotte, NC 28262
(Street Address of Principal Office)

6. _____

(Mailing Address)

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

Name: Incorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

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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.

(Registered agent's signature)

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

Josh J Costner Esq., 10150 Mallard Creek Rd, Suite 106, Charlotte, NC 28262

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.

Josh J Costner
Typed or printed name of signee



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ARK TITLE GROUP, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 9th day of July, 2015, with its period of duration being Perpetual.

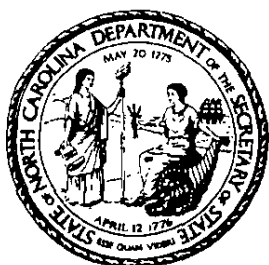
I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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TAMARA BOYD

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of July, 2015.

Elaine F. Marshall

Secretary of State



Scan to verify online.



North Carolina Department of The Secretary of State

Invoice Number: 12672422

Billing Information

Ark Title Group, LLC
10150 Mallard Creek Road
Suite 106
Charlotte, NC 28262-4567

Invoice Number: **12672422**

Customer Id Number: **200309194**

Invoice Date: 7/14/2015

Account Type: Payment upon Delivery

Ship Via: Online

Contact: Ark Title Group, LLC

Invoiced Items

Description	Certificate Number	Customer Reference	Qty	Pages	Item Cost	Sub Total	Amount Due
Existence Ark Title Group, LLC							
1210 0511 435100072	97319328	florida	1		\$10.00	\$10.00	Paid
Electronic Transaction Fee							
2120 0502 437993	97319329		1		\$2.00	\$2.00	Paid

Payment Details

PayPal Credit E-Payment for \$12.00, Amex Acct XXXXXXXXXXXXXXXX1134, TXId: AT3AD5BFEF2C

1	\$12.00	\$12.00	Payment
			\$0.00

Make check payable to:

NC Secretary of State

Online Payment:

<http://www.sosnc.com/payinvoice>



Scan to pay online.

Include Invoice Number on all remittance and send to:

Secretary of State
PO Box 29622
Raleigh, NC 27626

For information regarding your filing contact:

Customer Service at (919) 807-2225 or toll free at (888) 246-7636

Notice: To avoid an additional assessment of a one-time 10% late penalty and interest of 5% per annum, as mandated by G.S. 147-86.23, the invoice must be paid in full.

There will be a \$25.00 processing fee for all returned checks and ACH returns.

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