# MIL00001973

| (Re                                     | questor's Name)   |      |  |  |  |
|---|-------------------|------|--|--|--|
| (Ad                                     | dress)            |      |  |  |  |
| (Ad                                     | dress)            |      |  |  |  |
| (Cit                                    | y/State/Zip/Phone | e #) |  |  |  |
| PICK-UP                                 | WAIT              | MAIL |  |  |  |
| (Bu                                     | siness Entity Nan | ne)  |  |  |  |
| (Document Number)                       |                   |      |  |  |  |
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SECRETARY OF STATE

MAR 0 8 2016

S MASON



February 3, 2016

SHANNON SEITZINGER 4255 US 1 SOUTH SUITE 18-217 ST. AUGUSTINE, FL 32086

SUBJECT: NOTARY DIRECT NATIONWIDE, LLC

Ref. Number: W16000007756

We have received your document for NOTARY DIRECT NATIONWIDE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00002334

#### **COVER LETTER**

| TO:     | Registration Section<br>Division of Corpora  |                                   |  |   |
|---------|--|-----------------------------------|--|---|
| SUBJI   | ect: Nota  | ry Direct Men of                  | stonwide,<br>Limited Liability Company       | LLC   |
|         |  |                                   |  | ransact Business in Florida," Certificate of ty company to transact business in Florida |
| Please  | return all corresponden  | ace concerning this matter to the | e following:                                 |   |
|         |  | Shannon S                         | Seitzinger<br>Name of Person                 |   |
|         |  | Notary Dira                       | ect Nation                                   | wide  |
|         |  | 4255 US S                         | L South, Address                             | Suite 18-217  |
|         |  | St Augusti                        | ne, FL .                                     | 32086   |
|         |  | SScitzinger (                     | Pnotary dire                                 | Ct, LOM   |
| For fur | ther information conce   | rning this matter, please call:   |  |   |
|         | Snannor  | ne of Contact Person              | at (   | 8 7705<br>ytime Telephone Number  |
|         | MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231 | ions                              | Division<br>Registra<br>Clifton F<br>2661 Ex | T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301    |
| Enclose | ed is a check for the fol ☐ \$125.00 Filing Fed  | _                                 | ☐ \$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 SECT.<br>COMPANY TO TRANSACT BUS  |   |   | HE FOLLOWING IS                                | SUBMITTED TO                             | REGISTER A I                   | FOREIGN 1.  | 'AMITED LIABILITY              |
|--|---|---|--|--|--------------------------------|---|--------------------------------|
| 1. Notary (Name of Forei   | Direct<br>gn Limited Liability C                                      | Datio                                     | nwide,   | LLC<br>ability Company,"                 | "L.L.C.," or '                 | 'LLC.")   |                                |
| No tara  | 1 Direct  | H, UL                                     | . (  |  |                                |   |                                |
|  |   |   | f transacting busine                           | ess in Florida, The                      | alternate nam                  | e must incl   | ude "Limited                   |
| 2. Calil   | vinia   |   | 3  |  |                                |   |                                |
| 2. (Jurisdiction under the law o company is organized)   | f which foreigh limite  | d liability                               |  |  |                                |   |                                |
| 4  | (Date first tran<br>(See sections 605                                 | 2014<br>sacted business<br>.0904 & 605.09 | in Florida, if prior t<br>05, F.S. to determin | o registration.)<br>ne penalty liability | ·)                             |   |                                |
| 5. 4255  | US1 S   | iouth,                                    | Suite  | 18-21                                    | <u> </u>                       |   |                                |
| St A   | ugustine<br>(street   | Address of Prin                           | 320  | 86                                       |                                |   | .a                             |
| 6Sam   | e as  | abor                                      | <u> </u>                                       |  | :                              |   | 23<br>73<br>24<br>25           |
|  |   |   |  |  |                                |   | 5 TI                           |
| <del>-</del>   |   | (Mailing Add                              | dress)   |  |                                | 7 48.65<br>7 48.6 | ار<br>چ                        |
| 7. Name and street address   |   | d agent: (P.O.                            | Box NOT accep                                  |  |                                | ر<br>ال   |                                |
| Name:  | Shanne<br>276 A<br>St Au  | on Sc                                     | itzınge:                                       | <u></u>                                  | 3                              |   | . 0                            |
| Office Address:  | 2+6 1   | 105ES                                     | Creek 1  | 3119                                     | }                              | جس" <u>ب</u>  | <b>,</b>                       |
|  | St Au   | gustin                                    | و  | , Florida                                | 32086                          | 9   |                                |
| Registered agent's accepta   |   | (City)                                    |  | (2                                       | Zip code)                      |   |                                |
| Having been named as reg<br>designated in this applicati<br>to complywith the provision<br>accept the obligations of m | istered agent and to<br>on, I hereby accept<br>ns of all statutes rel | the appointme<br>ative to the pro         | ent as registered (                            | agent and agree                          | to act in this                 | capacity.   | I further agree                |
| <u>-</u>   |   | _//                                       |  |  |                                |   |                                |
|  | 1   | (Registered                               | d gent's signature                             | 1  |                                |   |                                |
| 8. The name, title or capac  | ity and address of th   | ne person(s) wh                           | no has/have autho                              | rity to manage is                        | s/are:                         |   |                                |
| Shannun  | Scitzi  | nger,                                     | Presid   | ien L                                    |                                |   |                                |
|  |   | 93  |  |  |                                |   |                                |
|  |   |   |  |  |                                |   |                                |
| 9. Attached is a certificate o jurisdiction under the law of of the translator must be sub                             | f which it is organize  | e than 90 days<br>ed. (If the certi       | old, duly authenti<br>ficate is in a fore      | cated by the offi<br>gn language, a t    | cial having c<br>ranslation of | ustody of the certific  | records in the cate under oath |
| -  |   | Signature of                              | an authorized perso                            | n  |                                |   |                                |
| This document is executed i submitted in a document to t   | n accordance with some Department of St                               | ection 605.020<br>tate constitutes        | 3 (1) (b), Florida<br>a third degree fel       | Statutes. I am av                        | vare that any                  | false infor<br>155. F.S   | mation                         |

### State of California Secretary of State

#### CERTIFICATE OF STATUS

ENTITY NAME: NOTARY DIRECT, NATIONWIDE, LLC

FILE NUMBER: 201002710012

FORMATION DATE: 01/26/2010

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities of practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 27, 2016.

ALEX PADILLA Secretary of State