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Registration Section Division of Corporations

TO:

SUBJEC		Name of	Limited Liability (Company			
The enclo Existence	osed "Application by Foreign e, and check are submitted to	n Limited Liability Comp register the above refere	oany for Authoriza enced foreign limit	tion to Trai ed liability	nsact Business in Flori company to transact b	da," Certi usiness ir	ficate Florid
Please ret	turn all correspondence conc	erning this matter to the	following:				
	Travis Wilson						
	· · · · · · · · · · · · · · · · · · ·	N	ame of Person				
	Alliance Nationwic	de Title Agency, LLC		•==;;			
		Fi	rm/Company				
	8055 NW Mastern	Ave.					
			Address				
	Parkville, MO 641:	52					
		City/S	tate and Zip Code		-		
	policy@everytitle.co	em.					
	E-	mail address: (to be used	for future annual	report noti	fication)		
For furthe	er information concerning th	is matter, please call:			54.	2017	
	Travis Wilson		913 at (669-028 _)	9 Agen		.~7
	Name of Co	ontact Person	Area Code	Dayt	ime Telephone Number	er Er	TRAME.
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	A H un	
		amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fed of Status & Certified		ate

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:

	reign Limited Liability Company; musi	t include "Limited Liability Company," "L.L.C.,	" or "LLC.")	
If name unavailable, enter a	alternate name adopted for the purpose	of transacting business in Florida. The alternate	name must include	"Limited
Missouri		3. 81-3176161		
(Jurisdiction under the law company is organized)	v of which foreign limited liability	3. (FEI number, if applica	able)	
Have not started busin				
	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if prior to registration.) 1905, F.S. to determine penalty liability)		
8055 NW Mastern Av		· · · · · · · · · · · · · · · · · · ·	·	
Parkville, MO 64152		·	2817 -	
	(Street Address of Pr	incipal Office)	The man	
8055 NW Mastern Avo	o		- 18 NSS	Commons Commons E
Parkville, MO 64152	•		1911. —— 1911.	
	(Mailing Ac	ddress)		
. Name and street addres	ss of Florida registered agent: (P.O). Box NOT acceptable)		
Name:	URS agents, LLC)	
Office Address:	3458 Lakeshore Drive			
	Tallahassee	Florida 32312		
egistered agent's accep	(City)	, Florida 32312 (Zip code)	 _	
aving been named as re esignated in this applica complywith the provision cept the obligations of i	tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent.	ce of process for the above stated limited liner as registered agent and agree to act in roper and complete performance of my dut Amy Purdy, Assistant Secretary ed agent's signature)	this canacity I for	of lease a com
laving been named as reesignated in this applica occupylywith the provision of the obligations of the obliga	ons of all statutes relative to the proposition on position as registered agent. By: Amy Pwy Registered	ent as registered agent and agree to act in coper and complete performance of my dut Army Purdy, Assistant Secretary ed agent's signature)	this canacity I for	of lease a com
aving been named as resignated in this applica complywith the provision cept the obligations of the name, title or capa	ons of all statutes relative to the proposition on position as registered agent. By: Amy Pwy Registered	ent as registered agent and agree to act in oper and complete performance of my dut	this canacity I for	of lane area
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laving been named as reesignated in this applicate complywith the provision couply with the provision of the obligations of the name, title or caparavis Wilson, Manager Attached is a certificate	ons of all statutes relative to the promy position as registered agent. Registered address of the person(s) was address of the person(s) was of existence, no more than 90 days of which it is organized. (If the certifications of the person (continue than 90 days of which it is organized. (If the certifications of the person (continue than 90 days of which it is organized. (If the certifications of the person (continue than 90 days of which it is organized. (If the certifications of the person (continue than 90 days of which it is organized.)	ent as registered agent and agree to act in coper and complete performance of my dut Army Purdy, Assistant Secretary ed agent's signature)	this capacity. I fulles, and I am fami	rther agr
aving been named as resignated in this applicated in this applicate complywith the provision of the obligations of the name, title or caparavis Wilson, Manager Attached is a certificate is diction under the law of the same of the law of the	ons of all statutes relative to the promy position as registered agent. By: Hmy Pwdy Registered address of the person(s) was address of the person(s) was address of the person(s) was address of which it is organized. (If the certification)	Amy Purdy, Assistant Secretary ed agent's signature) the has/have authority to manage is/are:	this capacity. I fulles, and I am fami	rther agr

Typed or printed name of signee

Travis Wilson

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Alliance Nationwide Title Agency, LLC LC001498566

was created under the laws of this State on the 8th day of July, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 14th day of February, 2017.

Secretary of Stale

THE SUPPLEMENT OF THE SUPPLEME

Certification Number: CERT-02142017-0056