# M17000003523

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	34486
, (2, 3		

Office Use Only



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FILED

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SECRETARY OF STATE

**S Warren** APR 2 6 2017



April 21, 2017

MICHAEL A. ZARA 1305 WEST LINEBAUGH DRIVE, SUITE 101J TAMPA, FL 33626

SUBJECT: TIAGO TITLE, LLC Ref. Number: W17000034486

We have received your document for TIAGO 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):

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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 417A00007803

### ' COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Tiago Title, LLC.						
3000		Name of I	imited Liability (	Company	1144 447.41		
					nsact Business in Florida," Certificate of company to transact business in Florida		
Please	return all correspondence co	ncerning this matter to the t	following.				
	Michael A. Za	ara					
	· · · · · · · · · · · · · · · · · · ·	Na	me of Person		· · · · · · · · · · · · · · · · · · ·		
	Tiago Title, L	LC.					
		Fii	nn/Company				
	1305 West Linebaugh Drive Suite 101J						
			Address		• • •		
	Tampa, FL 3	3626					
		City/St	ate and Zip Code	·			
	mike@tiagotit	le.com					
		E-mail address; (to be used	for future annua	l report not	incation)		
For fur	ther information concerning	this matter, please call:					
	Michael Zara		303	488-3			
	Name of	Contact Person	at (	: Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding secutive Center Circle see, FL 32301		
Enclos	ed is a check for the followir	ng amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili 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 COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT RESISTERS IN THE STATE OF IT ORDER.

(Name of Foreign	Limited Liability Company; must include "Li	nited Liability Company," "L.L.C.," or "LLC	)
(If name imavailable, enter alternate n	name adopted for the purpose of transacting business in	27-2460661	Liability Company," "L. L.C," or "LLC.")
	hich foreign limited liability company is organized)	3. (FEI n	umber, it applicable)
, 04/19/17			
4.	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605,0905, F.S. to de	or to registration )	<u> </u>
5. 4700 South Syra	cuse St. Suite 420		AS 1
(Street Address of ]	Principal Office)	6. (Mailing /	Address
Denver, CO 8023	37		Address:
			125 125 125
			141
7. Name and street address	ss of Florida registered agent: (P.O. 1	Box NOT acceptable)	
Name:	Sendy A. McKelvey		SIAI SIAI
	1305 West Linebaugh Driv	e Suite 101J	
Office Address:			
	Tampa	, Florida	<u> </u>
Registered agent's accep	(City)	(Zip	code)
designated in this applica	ttion, I hereby accept the appointmen		ict in this capacity. I further agre
designated in this applicate to comply with the provis		it as registered agent and agree to a per and complete performance of n	ict in this capacity. I further agre
designated in this applicate to comply with the provis	ition, I hereby accept the appointmentions of all statutes relative to the pro	it as registered agent and agree to a per and complete performance of n	ict in this capacity. I further agre
designated in this applica to comply with the provis and accept the obligation	ation, I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent (Registered 20	nt as registered agent and agree to a per and complete performance of n	act in this capacity. I further agre ny duties, and I am familiar with
designated in this applica to comply with the provis and accept the obligation	tion, I hereby accept the appointment ions of all statutes relative to the pro is of my position as registered agent	nt as registered agent and agree to a per and complete performance of n	act in this capacity. I further agre ny duties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap	ation, I hereby accept the appointment ions of all statutes relative to the properties of my position as registered agent (Registered agent) (Registered agent) acity and address of the person(s) who Name and Address:  Michael A. Zara	nt as registered agent and agree to a per and complete performance of n mi's signature)  to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further agre my duties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address:  Michael A. Zara  4700 S. Syracuse S	nt as registered agent and agree to a per and complete performance of n mi's signature)  to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further agre my duties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap <u>Title or Capacity:</u>	ation, I hereby accept the appointment ions of all statutes relative to the properties of my position as registered agent (Registered agent) (Registered agent) acity and address of the person(s) who Name and Address:  Michael A. Zara	nt as registered agent and agree to a per and complete performance of n mi's signature)  to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further agre my duties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address:  Michael A. Zara  4700 S. Syracuse S	nt as registered agent and agree to a per and complete performance of n mi's signature)  to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further agre my duties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or caparity:  President	action, I hereby accept the appointment ions of all statutes relative to the pross of my position as registered agent (Registered active and address of the person(s) who Name and Address:  Michael A. Zara 4700 S. Syracuse S. Deriver, CO 80237	nt as registered agent and agree to a per and complete performance of n mi's signature)  to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further agre my duties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or caparity:  President	action, I hereby accept the appointment ions of all statutes relative to the pross of my position as registered agent (Registered active and address of the person(s) who Name and Address:  Michael A. Zara 4700 S. Syracuse S. Deriver, CO 80237	nt as registered agent and agree to a per and complete performance of n mi's signature)  to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further agre my duties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or caparity:  President	acity and address of the person(s) who Name and Address:  Michael A. Zara  4700 S. Syracuse S  Denver, CO 80237  Sendy McKelvey	nt as registered agent and agree to a per and complete performance of n mi's signature)  to has/have authority to manage is/are Title or Capacity:	act in this capacity. I further agre my duties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap. Title or Capacity: President  State Manager  (Use attachments if neces)  9. Attached is a certificate jurisdiction under the law	acity and address of the person(s) who Name and Address: Michael A. Zara 4700 S. Syracuse S. Deriver, CO 80237  Sendy McKelvey  e of existence, no more than 90 days of of which it is organized. (If the certif	old, duly authenticated by the official	Name and Address:  having custody of records in the
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap. Title or Capacity: President  State Manager  (Use attachments if neces)  9. Attached is a certificate	acity and address of the person(s) who Name and Address: Michael A. Zara 4700 S. Syracuse S. Deriver, CO 80237  Sendy McKelvey  e of existence, no more than 90 days of of which it is organized. (If the certif	old, duly authenticated by the official	Name and Address:  having custody of records in the
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap. Title or Capacity: President  State Manager  (Use attachments if neces)  9. Attached is a certificate jurisdiction under the law	acity and address of the person(s) who Name and Address: Michael A. Zara 4700 S. Syracuse S. Denver, CO 80237  Sendy McKelvey  ssary)  e of existence, no more than 90 days of which it is organized. (If the certiful submitted)	old, duly authenticated by the official icate is in a foreign language, a trans	Name and Address:  having custody of records in the
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity: President  State Manager  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s	acity and address of the person(s) who Name and Address: Michael A. Zara 4700 S. Syracuse S. Denver, CO 80237  Sendy McKelvey  ssary)  e of existence, no more than 90 days of which it is organized. (If the certiful submitted)	ot as registered agent and agree to a per and complete performance of men's signature.  The has/have authority to manage is/arc Title or Capacity:  It.  Old, duly authenticated by the official icate is in a foreign language, a transparence of an authorized person	Name and Address:  having custody of records in the slation of the certificate under oath

Typed or printed name of signee

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Tiago Title, LLC.

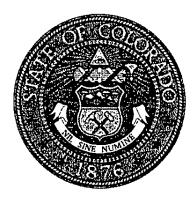
is a

#### Limited Liability Company

formed or registered on 04/29/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101244821.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/20/2017 that have been posted, and by documents delivered to this office electronically through 04/24/2017 @ 10:55:05

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/24/2017 @ 10:55:05 in accordance with applicable law. This certificate is assigned Confirmation Number 10203609



Toypien. 10cciamo

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*End of Certificate\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, hitp://www.sos.state.co.us/biz/Certificate/sarch/Criteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Ouestions."