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Division of Corporations

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Account Name : HARVARD BUSINESS SERVICES, INC. Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: osmundoomartinez@mundi.law

Foreign Limited Liability: Company Complete Title Services and Escrow LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

 $(\mathbf{x}_{i},$

IN COMPLIANCE WITH SECTION GISUAIZ, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l. <u>'</u>	Complete Title Services (Name of Foreign)	s and Escrow ULC Limited Liability Company; must include "Limi	ited L:35thi	y Company, "T. L.C.," or "LLC.")			
				· · · · · · · · · · · · · · · · · · ·			
		and adopted for the purpose of transacting business in f	Simple The e	itemate name many metholo (France) fram-	inty Company, "L Lit.	1111	,
2.1	Delaware	nch foreign limited kabeles company is impanized)	3.	0.61	er, ef appatable.		
	Chandrough mines the law of Mu	acti incelli inaissi samisi conferit, is etlasissai)		(† E) (amer	ur u shimreous.		
4	1/1/2018						
٠.		(Care first unasseted business in Florida, if prior (See sections 605 0904 & 503.0905, F.S. to deter	la registration	leshilise)			
	2332 Galiano Street Se			2332 Galiano Street Second	LElgor		
5.	STORE CHIRALO SECULO		6.	(klulay Askin	(2.1)		
	Coral Gables, FL 3313	·		Coral Gables, FL 33134	·, :	æ	
			•				
						}-	-51
					٠٠.		
7.	Name and street address	<u>is</u> of Florida registered agent: (P.O. Bo	os <u>NOT</u>	acceptable)	1	2	-
	Nines in	Osmundo Martinez				, ~	[7]
	Name:					٠ .	\Box
	Office Address:	2332 Galiano Street Second Floor				~~	
		Coral Gables		17173	,	نب	
		(Cry)		.:: Florida 33134 (du code		. 20	
Re	gistered agent's accep		Λ	1	.,	_	
un	a accept the obligation	s of my position as registered agent.		li luir			
		(Registered equi)	d d signature	' i			
8.	The name, title or can	acity and address of the person(s) who	has/have	authority to manage is/are:			
	Title or Capacity:	Name and Address:		ltle or Compity:	Name and Ad	dress:	
	MBR	Osmundo O. Martinez		/			
		2332 Galiano Street 2nd F	Гг				
		Cord Gables, F1. 33134					
		_					
					 		
							
(ŧ	Ise attachments if neces	ssary)					
ju		e of existence, no more than 90 days of of which it is organized. (If the exiting submitted)					
1.11	. This do not be	cuted in accordance with section 60%0	ากช่องจ	// Placide Common Lame	na thair agus shili a i a	former	An.
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			111111	<u> </u>	·——		
		ិ Signar	tore of an in e	sensed person			
		Occupies Marriage	į				
		Osmundo Martinez	/ 	ume of supres	_		
		· ype	or the Paratra t	anne en statutes			

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Page 1

1, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COMPLETE TITLE SERVICES AND ESCROW

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SECOND DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPLETE TITLE SERVICES AND ESCROW LLC" WAS FORMED ON THE FIRST DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

..

11.

Kes !

6660393 8300

SR# 20180022532

You may verify this certificate online at corp delaware.gov/authver.shtml

setting W Business Secretary or State

Authentication: 201905872

Date: 01-02-18