

**M 18000009305**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

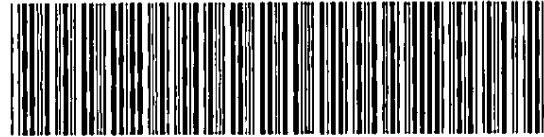
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. CLINE

OCT 17

EXAMINER

2018 OCT 17 PM 1:39

RECEIVED  
DEPT OF STATE  
18 OCT -5 PM 3:39

W18-88848



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2018

INCORPORATING SERVICES, LTD.

TALLAHASSEE, FL

SUBJECT: KEYSTONE TITLE AGENCY LLC  
Ref. Number: W18000088898

2018 OCT 15 PM 1:35

We have received your document for KEYSTONE TITLE AGENCY LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline  
Regulatory Specialist III

Letter Number: 418A00020884

RECEIVED  
DEPARTMENT OF STATE  
18 OCT 15 AM 9:59

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: info@incserv.com



**ORDER FORM**

**TO :** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM :** Melissa Stops  
mstops@incserv.com  
850.656.7953

2018 OCT 12 PM 1:35

**REQUEST DATE** 10/5/2018

**PRIORITY** Routine

**OUR REF # (Order ID#)** 687605

**ORDER ENTITY**  
KEYSTONE TITLE AGENCY LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

KEYSTONE TITLE AGENCY LLC (FL)

File the attached foreign qualification document

Please provide a certified copy as evidence.

**NOTES:**

\$155.00 Authorized - Please honor the original submission date as the file date.

Email address for annual report reminders: Paul@delaneycorporate.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. Keystone Title Agency LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Keystone Title Agency of Florida 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. New York 3. \_\_\_\_\_  
(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 603.0904 & 605.0905, F.S. to determine penalty liability)
5. 39 West 37th Street, 3rd Floor 6. 39 West 37th Street, 3rd Floor  
(Street Address of Principal Office) (Mailing Address)  
New York, NY 10018 New York, NY 10018
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: NRAI Services, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Patricia Miley Assistant Secretary  
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MB</u>	<u>Barry Cooper</u> <u>4779 Collins Ave., Apt. 1704</u> <u>Miami Beach, FL 33140</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. 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.

Barry Cooper  
Signature of an authorized person  
Barry Cooper  
Typed or printed name of signer

**State of New York  
Department of State } ss:**

I hereby certify, that WOLVERINE ABSTRACT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/30/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment WOLVERINE ABSTRACT, LLC, changing its name to KENSINGTON NATIONAL ABSTRACT LLC, was filed 12/04/2007.

A Certificate of Amendment KENSINGTON NATIONAL ABSTRACT LLC, changing its name to KEYSTONE TITLE AGENCY LLC, was filed 10/17/2008.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 04th day of October  
two thousand and eighteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State