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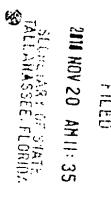
(Re	questor's Name)				
(Ad	dress)				
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	y/State/Zip/Phone				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
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Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
Special Instructions to Filing Officer:					

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

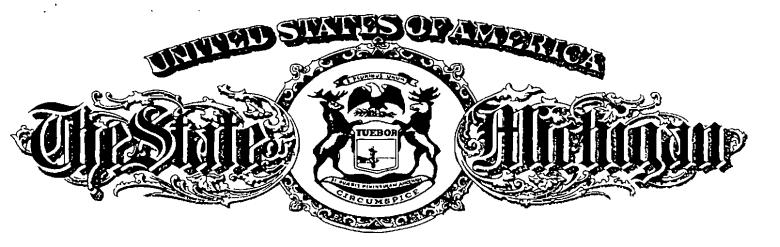
TO:

SUBJECT:	Primary Title Agend	:y, LLC				
SUBJECT.	<u> </u>	Name of Limited Liability Company				
					ansact Business in Florida," Cer y company to transact business	
Please return	all correspondence	concerning this matter to the	following:			
	Michelle Mora	n				
		Na	ime of Person			
	Primary Title Agency, LLC					
		Fi	rm/Company			
	31800 Northwestern Hwy., Ste. 205					
	Address Farmington Hills, Michigan 48334					
	\ <u>-</u>	City/St	ate and Zip Code			
	michellem@prin	-				
		E-mail address: (to be used	for future annual	l report no	tification)	
For further in	nformation concerning	g this matter, please call:				
Mic	chelle Moran		248 _ at (	702-09 )		
	Name o	of Contact Person	Area Code	Da	ytime Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 lahassee, FL 32314	;		Division Registra Clifton F 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ring amount:  \$\Bigcup \text{\$\frac{1}{2}\$} \text{\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filir Certified Copy	ng Fee &	\$160.00 Filing Fee, Certified Status & Certified Copy	icate

## 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. Primary Title Agency, I (Name of Foreign	LLC Limited Liability Company, must include "Limi	ted Liability Company," "L.L.C.," or "LLC	2.")		
(If name unavailable, enter alternate or	ume adopted for the purpose of transacting business in F	forids. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")		
2 Michigan (Jurisdiction under the law of which foreign limited liability company is organized)		2	(FEI number, if applicable)		
	acu (oreign ilmaeci ilaomily company is organized)	(PELD	amber, u appricable)		
4	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.) mine penalty liability)			
5. 31800 Northwestern H	wy., Ste. 205	6. 31800 Northwestern Hw	ry., Ste. 205		
(Street Address of Principal Office) Farmington Hills, Michigan 48334			(Mailing Address) armington Hills, Michigan 48334		
7. Name and street addres  Name:	ss of Florida registered agent: (P.O. Bo Registered Agents, Inc.	ox <u>NOT</u> acceptable)			
Office Address:	3030 N. Rocky Point Dr., Stc. 150A				
	Tampa	, Florida 33607 (Zip			
Registered agent's accep	(City)	(Zip	code)		
	acity and address of the person(s) who	has/have authority to manage is/are Title or Capacity:	e; Name and Address:		
MANAGER	Michelle Mora	1			
thent I'm CHA	The 31500 LBANULES	FCCSNITM 's			
			#: S		
(Use attachments if neces	sary)		20 A		
	of existence, no more than 90 days old of which it is organized. (If the certific ubmitted)		I having custody of records in the slation of the certificate unifor oath		
	outed in accordance with section 605.02 to the Department of State-constitutes a		ware that any false information		
	Signal	ure of an authorized person			



## Department of Licensing and Regulatory Affairs



This is to Certify That

PRIMARY TITLE AGENCY, LLC

was validly authorized on May 21, 2014, as a Michigan DOMESTIC LIMITED LIABILITY COMPAN and said limited liability company is validly in existence under the laws of this state and has satisfied annual filing obligations.

AH II: 36

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18119184780

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of November, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.