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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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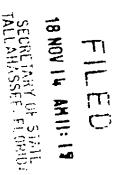
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| | tration Section ion of Corporation | ıs | | | | |
|------------------------------|--|--|---|--|---|---|
| SUBJECT: _ | Precision Title & E | scrow, LLC | | | | |
| SUBSECT | | Name of L | Limited Liability C | Company | | |
| The enclosed 'Existence, and | 'Application by For check are submitte | cign Limited Liability Comp d to register the above refere | any for Authoriza need foreign limit | tion to Tra ed liability | nsact Business in company to trai | n Florida," Certificate of asact business in Florida. |
| Please return a | ll correspondence c | concerning this matter to the | following: | | | |
| | Carter L. Stou | ut | | | | |
| | | Na | ime of Person | | | |
| | Precision Title | & Escrow, LLC | | | | |
| | | Fir | rm/Company | | | |
| | 4675 North Sh | nallowford Road, Suite 200 |) | | | |
| | | | Address | | | |
| | Atlanta, Georg | gia 30338 | | | | TALE SE |
| | | City/St | ate and Zip Code | | | 経る工 |
| | cstout@stoutka | | | | | SSS |
| | | E-mail address: (to be used | for future annual | report noti | fication) | SSEF. FLOR |
| | ormation concernin er L. Stout | g this matter, please call: | 770 | 349-82 | 12 | ORIDE ORIDE |
| ——— | | f Contact Person | _ at (Area Code | _) | time Telephone | Number |
| Divis Regis P.O. | LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314 | | | Division of Registrati Clifton Bo 2661 Exec | ADDRESS: of Corporations on Section uilding cutive Center Ci- ce, FL 32301 | rcle |
| | check for the follow 25.00 Filing Fee | ing amount: \$\Boxed{130.00} \text{ Filing Fee & Certificate of Status} | □ \$155.00 Filin Certified Copy | ng Fee & | ■ \$160.00 Fili of Status & Ce | ing Fee, Certificate ertified Copy |

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:

| (Name of Foreign | Limited Liability Company; must include "Limite | ed Liability Company," "L.L.C.," or "LEC." |) |
|--|--|--|--|
| | | | |
| | ame adopted for the purpose of transacting business in Flo | | ability Company," "LLC," or "LLC." |
| Georgia | | 3. 46-3529223 | iber, if applicable) |
| (Jurisdiction under the law of wi | hich foreign limited liability company is organized) | (rei nun | ioer, ir apprecione) |
| no business has bee | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration.) une penalty liability) | |
| 4675 North Shallowf | ord Road, Suite 200 | 6. 4675 North Shallowford (Mailing Add | Road, Suite 200 |
| (Street Address of I | Principal Office) | | iress) |
| Atlanta, Georgia 303 | 38 | Atlanta, Georgia 30338 | 8 8 8 E |
| | | | |
| | | | 72 = - |
| Name and street addres | s of Florida registered agent: (P.O. Box | (<u>NOT</u> acceptable) | Service in the |
| NI | Scott E. Atwood | | |
| Name: | | | 11 ₀ = 1 |
| Office Address: | 2248 First Street | | 2 <u>2</u> → |
| | Fort Myers | m:a_ 33902 - 06 | 510 ⁷¹ |
| | (City) | , Florida 33902-06 | de) |
| signated in this applica comply with the provisi | gistered agent and to accept service of a tion, I hereby accept the appointment a cons of all statutes relative to the proper s of my position as registered agent. | is registered agent and agree to act | in this capacity. I further |
| esignated in this applica comply with the provisi | tion, I hereby accept the appointment a ons of all statutes relative to the proper | is registered agent and agree to act rand complete performance of my | in this capacity. I further |
| esignated in this applica comply with the provisi and accept the obligations | tion, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent. Sout Otwork. (Registered agent's | is registered agent and agree to act rand complete performance of my signature) | in this capacity. I further |
| esignated in this applica comply with the provisi ad accept the obligations . The name, title or capa | tion, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent. Set Other (Registered agent's acity and address of the person(s) who have | s registered agent and agree to act r and complete performance of my signature) as/have authority to manage is/are: | in this capacity. I further duties, and I am familiar |
| esignated in this applicate comply with the provisional accept the obligations. The name, title or capations are applicated accept the capacity: | ition, I hereby accept the appointment a cons of all statutes relative to the proper s of my position as registered agent. Set Otwork (Registered agent's acity and address of the person(s) who have and Address: | is registered agent and agree to act rand complete performance of my signature) | in this capacity. I further |
| signated in this applica comply with the provisi ad accept the obligations The name, title or capa | ition, I hereby accept the appointment a cons of all statutes relative to the proper s of my position as registered agent. Set Osterol. (Registered agent's acity and address of the person(s) who has Name and Address: Carter L. Stout | es registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: | in this capacity. I further duties, and I am familiar |
| esignated in this applicate comply with the provisional accept the obligations. The name, title or capations are applicated accept the capacity: | ition, I hereby accept the appointment a cons of all statutes relative to the proper s of my position as registered agent. (Registered agent's recity and address of the person(s) who has a Name and Address: Carter L. Stout 4675 N. Shallow Sixt 2000 | es registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: | in this capacity. I further duties, and I am familiar |
| esignated in this applicated in the provisional accept the obligations. The name, title or capations Title or Capacity: | ition, I hereby accept the appointment a cons of all statutes relative to the proper s of my position as registered agent. Set Osterol. (Registered agent's acity and address of the person(s) who has Name and Address: Carter L. Stout | es registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: | in this capacity. I further duties, and I am familiar |
| esignated in this applicated in the provisional accept the obligations. The name, title or capations Title or Capacity: | ition, I hereby accept the appointment a cons of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who has a Name and Address: Carter L. Stout 4675 N. Shallow 5:01 200 Atlanta, GA 3033 | es registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: | in this capacity. I further duties, and I am familiar |
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| The name, title or capa Title or Capacity: Member De R Jse attachments if necess | cons of all statutes relative to the proper of all statutes relative to the proper of any position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: Carter L. Stout 4675 N. Shallow Siri 2000 Atlanta, GA 30335 Andrew Kaiser 4675 N. Shallow Siri 2000 Atlanta, GA 30335 | s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: | in this capacity. I further duties, and I am familiar Name and Address: |
| The name, title or capae Member 1988 The name, title or capae Title or Capacity: Member 1988 Joe M. Joe R. Attached is a certificate | Andrew Kaiser 4675 N. Shallow 3 w/ 200 Atlanta, GA 3033 S Andrew Kaiser 4675 N. Shallow 3 w/ 200 Atlanta, GA 3033 S Sary) of existence, no more than 90 days old, | signature) as/have authority to manage is/are: Title or Capacity: | in this capacity. I further duties, and I am familiar Name and Address: |
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Typed or printed name of signec-

Control Number: 13441509

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



CERTIFICATE OF EXISTENCE

I, Robyn A. Crittenden, the Secretary of State of the State of Georgia, do hereby certify under the self of my office that

Precision Title & Escrow, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

| Docket Number | 16304612 | Date Inc/Auth/Filed | 08/13/2013 | Jurisdiction | Georgia | Print Date | 12/07/2018 |

Form Number 211

F 1776

Robyn Q. Cuitenden

Robyn A. Crittenden

Secretary of State