

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(City/State/Zip/Prione #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Octanica copies					
Special Instructions to Filing Officer:					
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COVER LETTER

Registration Section

TO:

SUBJECT:	First Integrity Title National Solutions LLC Name of Limited Liability Company							
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he enclosed xistence, ar	d "Application by Foreign Limited Liability on check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Flori-						
lease return	all correspondence concerning this matter t	o the following:						
	Monica DiGeronimo							
	Name of Person							
	First Integrity Title National Solutions	Firm/Company LATER 10						
	Firm/Company							
	950 South Cherry Street, Suite 1220 Address							
	Denver, CO 80246	Address PH 2:						
	C	City/State and Zip Code						
	mdigeronimo@firstintegritytitle.com							
	E-mail address: (to be	e used for future annual report notification)						
or further in	nformation concerning this matter, please ca	II:						
Monica DiGeronimo		303 800-3665 at ()						
	Name of Contact Person	at ()						
Mailing Address: Registration Section		Street Address: Registration Section						
Division of Corporations		Division of Corporations						
P.O. Box 6327		The Centre of Tallahassee						
Tai	llahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Plea		PARTMENT OF STATE See \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status						

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:

Minnesota 2. (Ausidation under the law of which foreign limited liability company is organized) 1. (Deep limit transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0903, F.S. to determine penalty liability) 5. (Street Address of Principal Office) Denver, CO 80246 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents, Inc. Registered Agents, Inc. 7901 4th Street North, Suite 300 Office Address: St. Petersburg. 3. (FEI number, if applicable) (FEI number, if applicable)	(If name unavailable, enter afternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name a	oust include "Limited Lis	ability Company," "L.L.C,"	or "LLC."
(Diese first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0903, F.S. to determine penalty liability) 950 South Cherry Street, Suite 1220 5. Street Address of Principal Office) Denver, CO 80246 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents, Inc. Name: Registered Agents, Inc. 7901 4th Street North, Suite 300 Office Address:	2	shoch feering limited liability commany is promised.			er if annicable)	
(Date first transacred business in Florida, if prior to registration.) (See sections 603,0904 & 603,0903, F.S. to determine penalty liability) 950 South Cherry Street, Suite 1220 5. (Mailing Address) Denver, CO 80246 Denver, CO 80246 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents, Inc. Registered Agents, Inc. 7901 4th Street North, Suite 300 Office Address:	n√a			(1.57)	., п врупового	
5. (Street Address of Principal Office) Denver, CO 80246 Denver, CO 80246 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents, Inc. P. T.	···	(Date tirst transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)			
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents, Inc. Name: 7901 4th Street North, Suite 300 Office Address:	ζ ·		6.	Address)	7070	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents, Inc. Name: 7901 4th Street North, Suite 300					- 중을 등	—; —;
Registered Agents, Inc. Name: 7901 4th Street North, Suite 300 Office Address:					PH 2:	
Name: 7901 4th Street North, Suite 300 Office Address:	 Name and <u>street addres</u> 	ss of Florida registered agent: (P.O. Box	NOT acceptable)		JE RIDA	0
Office Address:	Name:	Registered Agents, Inc.				
St. Petersburg. 33702	Office Address:	7901 4th Street North, Suite 300				
, Florida		St. Petersburg,	, Flo			

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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Andy Fragassi	□Manager	Name: Monica DiGeronimo
□Member	Address: 950 South Cherry Street	□Member	Address: 950 South Cherry Street
□Authorized	Suite 1220	■Authorized	Suite 1220
Person	Denver, CO 80246	Person	Denver, CO 80246
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name: Z020 EB Address: Address:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	mc p (1
Person		Person	9: 12: 0
Other	Other	□Other	□rn M
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Monica Dichamber Monica Dichamber Manica Dichamber Manica Dichamber Manager Ma

Office of the Minnesota Secretary of State **Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

First Integrity Title National Solutions LLC

Date Filed:

11/19/2018

File Number:

1048357800021

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

02/03/2020



Here Pin Steve Simon

Secretary of State State of Minnesota