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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

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2020 OCT 13 AM 9:51

Foreign Limited Liability Company
20/20 TITLE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED
OCT 13 2020

FILED

OCT 14 2020

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. 20/20 Title LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Arizona 3. 85-2390220 (Fiscal year end 12/31)
(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 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 333 Technology Drive, Suite 112 6. 333 Technology Drive, Suite 112
(Street Address of Principal Office) (Mailing Address)

Canonsburg, PA 15317 Canonsburg, PA 15317

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(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.

[Signature]

Lo Saechao, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

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2020 OCT 13 PM 4:54

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:**

Manager Name: Andrea Markert

Member Address: 3525 Piedmont Rd NE

Authorized 8 Piedmont Center, Suite 600

Person Atlanta, GA 30305

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Markert Family 2010 Irrevocable Trust

Member Address: 3525 Piedmont Rd NE

Authorized 8 Piedmont Center, Suite 600

Person Atlanta, GA 30305

Other _____ Other _____

Manager Name: Andrea Markert

Member Address: 3525 Piedmont Rd NE

Authorized 8 Piedmont Center, Suite 600

Person Atlanta, GA 30305

Other _____ Other _____

Manager Name: Berte Family Trust u/a/d July 22, 2020

Member Address: 8701 E. Hartford Drive, Suite 210

Authorized Scottsdale, Arizona 85255

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

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.

Kandi Jablonski

Signature of an authorized person

Kandi Jablonski

Typed or printed name of signer

STATE OF ARIZONA



**Office of the
CORPORATION COMMISSION**

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

20/20 Title LLC

ACC file number: 23111840

was incorporated under the laws of the State of Arizona on 07/27/2020, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 08/07/2020



Matthew Neubert, Executive Director