

M20000010117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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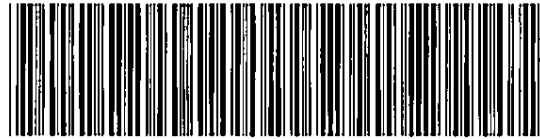
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPUTY CLERK OF COURTS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOV 10 2020
Brimbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 501080 7310393

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : November 6, 2020

ORDER TIME : 11:39 AM

ORDER NO. : 501080-010

CUSTOMER NO: 7310393

FOREIGN FILINGS

NAME: CHARITY TITLE AGENCY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Charity Title Agency, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristi O. Crawford

Name of Person

Beazer Homes USA, Inc.

Firm/Company

1000 Abernathy Road, NE, Suite 260

Address

Atlanta, Georgia 30328

City/State and Zip Code

kristi.crawford@beazer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristi O. Crawford

770

829-3722

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified 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:

1. Charity Title Agency, 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. Texas 3. 84-3965253
(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. 10235 West Little York 6. c/o Beazer Homes USA, Inc.
(Street Address of Principal Office) (Mailing Address)
Suite 445 1000 Abernathy Road, NE, Suite 260
Houston, Texas 77040 Atlanta, Georgia 30328

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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SECRETARY OF STATE

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.

Amanda E. Robinson
(Registered agent's signature)

Amanda Robinson
Asst. Vice President

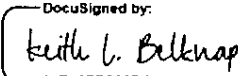
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Charity Title Group, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Keith L. Belknap</u>
<input checked="" type="checkbox"/> Member	Address: <u>1000 Abernathy Road, NE</u>	<input type="checkbox"/> Member	Address: <u>1000 Abernathy Road, NE</u>
<input type="checkbox"/> Authorized	<u>Suite 260</u>	<input type="checkbox"/> Authorized	<u>Suite 260</u>
Person	<u>Atlanta, Georgia 30328</u>	Person	<u>Atlanta, Georgia 30328</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>George D. Place</u>	<input type="checkbox"/> Manager	Name: <u>Allan P. Merrill</u>
<input type="checkbox"/> Member	Address: <u>1000 Abernathy Road, NE</u>	<input type="checkbox"/> Member	Address: <u>1000 Abernathy Road, NE</u>
<input type="checkbox"/> Authorized	<u>Suite 260</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 260</u>
Person	<u>Atlanta, Georgia 30328</u>	Person	<u>Atlanta, Georgia 30328</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Robert L. Salomon</u>	<input type="checkbox"/> Manager	Name: <u>David I. Goldberg</u>
<input type="checkbox"/> Member	Address: <u>1000 Abernathy Road, NE</u>	<input type="checkbox"/> Member	Address: <u>1000 Abernathy Road, NE</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 260</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 260</u>
Person	<u>Atlanta, Georgia 30328</u>	Person	<u>Atlanta, Georgia 30328</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

 Signature of an authorized person

Keith L. Belknap, Manager

Typed or printed name of signer



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Charity Title Agency, LLC (file number 803488267), a Domestic Limited Liability Company (LLC), was filed in this office on December 09, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 06, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State