Ma100000305

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

Office Use Only



700356829737

12/29/20--01008--002 **160.00

RECEIVED
DEC 2.8 2020

1/10/21

TO:	– R egistration Section –	3
	Division of Corporatio	กร้า

Nam	ne of Limited Liability Company		
closed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Creferenced foreign limited liability company to transact busine		
eturn all correspondence concerning this matter	to the following:		
David A. Rahnis, Esquire			
	Name of Person		
Jackson & Campbell, PC			
	Firm/Company		
2300 N Street, NW, Suite 300			
	Address		
Washington, DC 20037			
	City/State and Zip Code		
drahnis@jackscamp.com			
E-mail address: (to b	e used for future annual report notification)		
her information concerning this matter, please ca	ıll:		
David A. Rahnis	202 45 7 -1673		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810		
	Tallahassee, FL 32303		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA;

L. Fairfield Title, LLC	Limited Liability Company, most include "Limite	,, ,,,	2	17	
(Name of Foreign	Limited Liability Company, most include "Limite	d Liability	Company, LLC, or "L	I.C. 1	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	londa The	alternate name must include "Lir	mited Liability Company," "L. L. C. " et "L.L.C."	
Virginia 2.		3.		.! number, it applicable)	
2. (Harsdiction under the law of which foreign limited liability company is organized)			14)	.l number, (t applicable)	
4			<u> </u>		
	(Date first transacted business in Florida, if piror to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty) liability)		
2815 Hartland Road 5. (Street Address of Principal Office)			6. (Nathing Address)		
Street Address of Principal Office)		0.	(Mailing Address)	,	
Suite 200			Suite 200		
Falls Church, VA 22043			Falls Church, VA 22043		
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT:	ecceptable)		
Name:	CT Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation		33324 , Florida		
	(Cny)		(Zip -	codel	

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.

Kathyon A Color Man Way Secutaring 1Registered agent & Signature 1.

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Trust Agreement of Name: Daniel Huertas Name: Steven Michael Sushner □Manager □Manager 2815 Hartland Road, Suite 200 Address: 2126 Wyoming Avenue, NW ■ Member ■ Member Washington, DC 20008 Falls Church, VA 22043 □ Authorized □ Authorized Person Person Other____ Other_ □ Other_____ □Other___ Name: ______ Name: _____ □Manager Address: Address: □Member □Member □ Authorized ☐ Authorized Person Person □Other____ □Other_____ □Other___ Other □ Manager Name: □Manager Name: _____ Address: □Member Address: ______ ☐ Member 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. Nonindexed 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 \$.817.155, F.S. Dol. A-RL

David A. Ratinis, Esq., Attorney for LLC

Commonwealth of Dirginia

STATE CORPORATION COMMISSION

Richmond, November 18, 2020

This is to certify that the certificate of organization of

FAIRFIELD TITLE, LLC

was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business.

Effective date: November 18, 2020

RATION CONTRIBUTION 1903

STATE CORPORATION COMMISSION Attest:

Interim Clerk of the Commission