

1/26/2021

Division of Corporations

# mal000001012

Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**BEELINE TITLE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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JAN 27 2021

T. LEMUEUX

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beeline Title, 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.

April Fiordelisi

Name of Person

Beeline Title, LLC

Firm/Company

188 Valley Street, Suite 230

Address

Providence, RI 02909

City/State and Zip Code

legal@makeabeeline.com

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

For further information concerning this matter, please call:

April Fiordelisi

401

216-9717

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. Beeline 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. Rhode Island

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 38-4134617

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration. See sections 605.0904 &amp; 605.0905, F.S. to determine penalty liability)

188 Valley Street, Suite 230

5. (Street Address of Principal Office)

Providence, RI 02909

6.

188 Valley Street, Suite 230

(Mailing Address)

Providence, RI 02909

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

Florida

32301

(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.

(Registered agent's signature)

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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: Nicholas R. Liuzza

☐ Member Address: 188 Valley Street

☐ Authorized Suite 230

Person Providence, RI 02909

☒ Other CEO ☐ Other President

☐ Manager Name: Beeline Title Holdings, LLC

☒ Member Address: 188 Valley Street

☐ Authorized Suite 230

Person Providence, RI 02909

☐ Other                      ☐ Other                     

☐ Manager Name:                     

☐ Member Address:                     

☐ Authorized                     

Person                     

☐ Other                      ☐ Other                     

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

☐ Manager Name: Jessica N. Kennedy

☐ Member Address: 188 Valley Street

☐ Authorized Suite 230

Person Providence, RI 02909

☒ Other Secretary ☐ Other Treasurer

☐ Manager Name:                     

☐ Member Address:                     

☐ Authorized                     

Person                     

☐ Other                      ☐ Other                     

☐ Manager Name:                     

☐ Member Address:                     

☐ Authorized                     

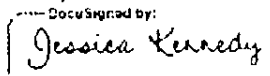
Person                     

☐ 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.

DocuSigned by:  
  
 PES4FEAC0F064E9

Signature of an authorized person.

Jessica N. Kennedy

Typed or printed name of signer



*State of Rhode Island*  
**Department of State | Office of the Secretary of State**  
*Nellie M. Gorbea, Secretary of State*

### CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

**Beeline Title, LLC**

is a Rhode Island Limited Liability Company organized on **October 03, 2019**.

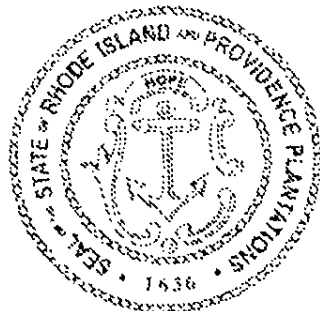
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

January 25, 2021

Secretary of State



Certificate Number: 21010090260

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli