

| (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: |
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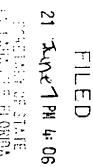
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COVER LETTER

TO: "Registration Section

| b Div | ision of Corporations | · · | | | | |
|--|--|---|--|--|--|--|
| BJECT: | Docutech, LLC | · | | | | |
| bacci. | Name of Limited Liability Company | | | | | |
| ne enclosed kistence, an | f "Application by Foreign Limited Liability and 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 Florida, | | | | |
| ease return | all correspondence concerning this matter | to the following: | | | | |
| | Lindsey Durbin | | | | | |
| | Name of Person | | | | | |
| | First American Mortgage Solutions, LLC | | | | | |
| | Firm/Company | | | | | |
| | 4 First American Way, 4th Floor, Legal Department | | | | | |
| | | Address | | | | |
| | Santa Ana, CA 92707 | | | | | |
| | (| City/State and Zip Code | | | | |
| | FAMS.Legal@firstam.com | | | | | |
| | E-mail address: (to be | e used for future annual report notification) | | | | |
| or further in | nformation concerning this matter, please ca | alt: | | | | |
| Lindsey Durbin | | 714 250 - 2163 | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| Mailing Address: Registration Section Division of Corporations | | Street Address: Registration Section Division of Corporations | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Plea | losed is a check for the following amount: use make check payable to: FLORIDA DEF 125.00 Filing Fe | e & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate | | | | |

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. Docutech, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

First American Docutech, LLC

(If there in available enter alternate name adocted for the purpose of transactions business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "LLC.")

| First American Docutech | , LLC | a Diagonity (| Ampay, s.a.s., or bbc.) | |
|--------------------------------------|--|-----------------|---------------------------------------|-------------------------------------|
| If name unavailable, enter alternate | name adopted for the purpose of transacting business in F | forida. The alt | ernate name must include "Limited Lis | bility Company," "I_1_C," or "1.I.C |
| Delaware | | 3 | 20-0278792 | |
| (Itanisdiction under the law of | thich foreign limited liability company is organized) | J | (FEI numbe | r, if applicable) |
| N/A | | | | |
| J | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration.) | bility) | |
| 1755 International Way | | | 755 International Way | |
| Street Address of Principal Office) | | 0 | (Mmiling Address) | |
| Idaho Falls, ID 83402 | | I (| iaho Falis, ID 83402 | |
| . Name and street addres | ss of Florida registered agent: (P.O. Box | | ceptable) | |
| Name: | Corporation Service Company | | <u></u> | |
| Office Address: | 1201 Hays Street | | | PIN 4: (|
| | Tallahassee | | 32301 Florida | 09 8 00 |

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)

Assistant Secretary

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: Amy Brandt | ■Manager | Name: Kevin Wall |
| □Member | Address: 4250 N. Drinkwater Blvd. | □Member | Address: 4795 Regent Boulevard |
| □Authorized | Suite 165 | □Authorized | Irving, TX 75063 |
| Person | Scottsdale, AZ 85251 | Person | |
| □Other | Other | □Other | |
| ⊞Manager | Name:Matthew F. Wajner | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | Santa Ana, CA 92707 | □Authorized | - |
| Person | | Person | |
| □Other | □Other | □Other | Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □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.

Amy Drand Signature of an authorized person



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DOCUTECH, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOCUTECH, LLC"

WAS FORMED ON THE FIRST DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203214141

Date: 05-15-21