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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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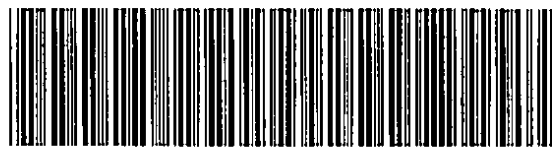
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. HAWKES

2021

EVANS, JONES & REYNOLDS

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

SUNTRUST PLAZA

SUITE 710

401 COMMERCE STREET

NASHVILLE, TENNESSEE 37219-2405

TELEPHONE (615) 259-4685

FACSIMILE (615) 256-4448

WWW.EJRLAW.COM

WINSTON S. EVANS
J. ALLEN REYNOLDS III
PHILLIP BYRON JONES
JEFFREY J. SWITZER
JOHN M. McDONALD
SEAN C. WLODARCZYK

JAMES CLARENCE EVANS (1916-2009)
RICHARD A. JONES (RETIRED)

December 10, 2021

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

RE: Foundation Title and Escrow Series (AL), LLC and
Foundation Title and Escrow Series (AL), LLC/Catalina Series

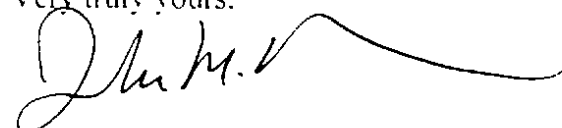
To Whom It May Concern:

Please find enclosed the following documents:

1. Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Foundation Title and Escrow Series, LLC; and
2. Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Foundation Title and Escrow Series, LLC/Catalina Series.
3. Certificate of Status from the Alabama Secretary of State.
4. Two checks for \$125.00 for filing fees for each entity.

Please return to me in the self-addressed and stamped envelope a filed copy of the above-referenced documents for my records. If you have any questions, please do not hesitate to contact me.

Very truly yours,



John M. McDonald

JMM/scm
Enclosures
830626 001.sm,ltr to Florida SOS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOUNDATION TITLE AND ESCROW SERIES (AL), 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:

John M. McDonald

Name of Person

EJR

Firm/Company

401 Commerce Street, Suite 710

Address

Nashville, TN 37219

City/State and Zip Code

djohnson@foundationtande.com

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

For further information concerning this matter, please call:

John McDonald

615

259-4685

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. FOUNDATION TITLE AND ESCROW SERIES (AL), 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. Alabama 3. 422-994
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)

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

5. <u>277 MALLORY STATION ROAD</u> (Street Address of Principal Office)	6. <u>277 MALLORY STATION ROAD</u> (Mailing Address)
<u>Suite 102</u>	<u>Suite 102</u>
<u>Franklin, TN 37067</u>	<u>Franklin, TN 37067</u>

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

Name: COGENCY GLOBAL INC.

Office Address: 115 N Calhoun Street, Ste 4

TALLAHASSEE, FL, Florida 32301
(City) (Zip code)

2021 JUN 16 AM 9:00
STATE
CLERK
RECEIVED

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)

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: Chris Cantrell
☐ Member Address: 277 Mallory Station Rd, Ste 102
☐ Authorized Franklin, TN 37067
Person
☐ Other ☐ Other

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

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

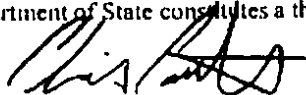
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ 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.



Signature of an authorized person

Christopher Cantrell

Typed or printed name of signer

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Foundation Title and Escrow Series (AL), LLC was formed in Madison County, Alabama on July 23, 2008. The Alabama Entity Identification number for this entity is 422-994. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20211209000011756

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

12/09/2021

Date

J. H. Merrill

John H. Merrill

Secretary of State