

172200000/507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

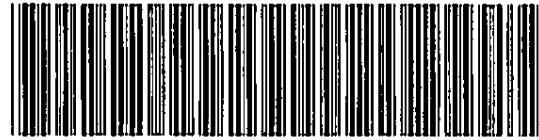
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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22 JAN 31 PM 4:16

T. LEMIEUX  
JAN 31 2022

172200000/507

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STS Central Florida, 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:

Jennifer Cook

\_\_\_\_\_  
Name of Person

STS Central Florida, LLC

\_\_\_\_\_  
Firm/Company

1517 Hunt Club Blvd Suite 200

\_\_\_\_\_  
Address

Gallatin, TN 37066

\_\_\_\_\_  
City/State and Zip Code

jenne@reliantrealty.com

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

For further information concerning this matter, please call:

Jennifer Cook

615

289-1654

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2021

JENNIFER COOK  
1517 HUNT CLUB BLVD STE 200  
GALLATIN, TN 37066

SUBJECT: STS CENTRAL FLORIDA, LLC  
Ref. Number: W21000154589

We have received your document for STS CENTRAL FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 421A00029165

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

Signature Title Services

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

3. 87-3706273  
(FEI number, if applicable)

4. 01/01/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 840 Co Rd 466  
(Street Address of Principal Office)

6. 1517 Hunt Club Blvd Suite 200  
(Mailing Address)

The Villages, FL 32159  
Gallatin, TN 37066

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

Name: Eric Nelson

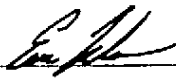
Office Address: 840 Co Rd 466

The Villages, Florida 32159  
(City) (Zip code)

22 JUN 31 PM 4:10  
FILED

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)  
SignNow e-signature ID: 64efcc3227...  
11/24/2021 17:08:37 UTC

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: Casey Brown  
☒ Member      Address: 1517 Hunt Club Blvd  
☒ Authorized      Suite 200  
Person      Gallatin, TN 37066  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: Jennifer Cook  
☐ Member      Address: 1517 Hunt Club Blvd  
☒ Authorized      Suite 200  
Person      Gallatin, TN 37066  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager      Name: Eric Nelson  
☒ Member      Address: 840 Co Rd 466  
☒ Authorized      The Villages FL 32159  
Person  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☒ Manager      Name: Gus Grizzard  
☒ Member      Address: 840 Co Rd 466  
☒ Authorized      The Villages FL 32159  
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.



SignNow e-signature ID: a567c86903 ..  
-11/24/2021 17:06:37 UTC

Signature of an authorized person



**Tre Hargett**  
Secretary of State

**Division of Business Services**

**Department of State**

State of Tennessee

312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

JENN COOK  
SUITE 200  
1517 HUNT CLUB BLVD  
GALLATIN, TN 37066

January 31, 2022

Request Type: Certificate of Existence/Authorization  
Request #: 0457569

Issuance Date: 01/31/2022  
Copies Requested: 1

**Document Receipt**

Receipt #: 006885136 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3822691955 \$20.00

Regarding: **STS Central Florida LLC**

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 11/24/2021

Status: Active

Duration Term: Perpetual

Business County: SUMNER COUNTY

Control #: 1258470

Date Formed: 11/24/2021

Formation Locale: TENNESSEE

Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**STS Central Florida LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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