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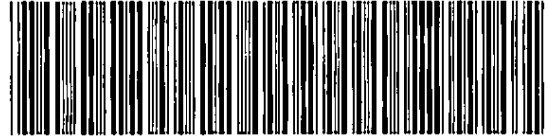
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S. HAWKES

JAN 26 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: FOUR POINTS TITLE & ESCROW, LLC
Ref. Number: W22000008887

FILED IN FLORIDA

2022 JAN 31 PM 2:03

We have received your document for FOUR POINTS TITLE & ESCROW, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 122A00002197

please keep original file close
Thank you!

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/26/2022

NAME: FOUR POINTS TITLE & ESCROW, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Four Points Title & Escrow, 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:

Gina Foti

Name of Person

US Registered Agents

Firm/Company

101 Main Street, Suite 1

Address

Tappan, New York 10983

City/State and Zip Code

SLenet@fourtitle.com

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

For further information concerning this matter, please call:

Gina Foti

845 398-0900
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. Four Points Title & Escrow, 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. New Hampshire
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-1372687
(FEI number, if applicable)

4. 3/1/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2 Greenleaf Woods Drive, Unit 301,
(Street Address of Principal Office)

6. 2200 Edenbrooke Court
(Mailing Address)

Portsmouth, NH 03801
Eldersburg, MD 21784

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

Name: NRAI Services, Inc.

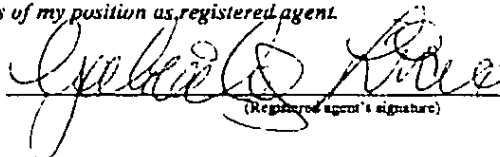
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

RECEIVED
26 AM 11:13
STATE
OFFICE
TALLAHASSEE, FL

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: Jeffrey Sussman
☒ Member Address: 2037 Liberty Road,
☐ Authorized Eldersburg, MD 21784
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: Steven Lenet
☒ Member Address: 2037 Liberty Road,
☐ Authorized Eldersburg, MD 21784
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Steven Potter
☒ Member Address: 2037 Liberty Road,
☐ Authorized Eldersburg, MD 21784
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Christopher Breck
☒ Member Address: 2037 Liberty Road,
☐ Authorized Eldersburg, MD 21784
Person _____
☐ Other _____ ☐ Other _____


☐ Manager Name: Susie Zombro
☒ Member Address: 2037 Liberty Road,
☐ Authorized Eldersburg, MD 21784
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Lisa Lowe
☐ Member Address: 2 Greenleaf Woods Drive
☐ Authorized Unit 301 Portsmouth, NH 03801
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

Steven Lenet

Typed or printed name of signer

State of New Hampshire

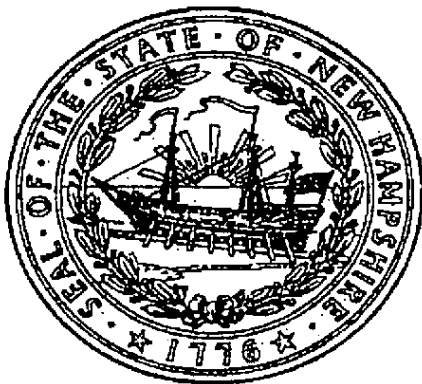
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FOUR POINTS TITLE & ESCROW LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on February 22, 2021. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 863752

Certificate Number: 0005646828



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th day of January A.D. 2022.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State