

M22000000 3332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

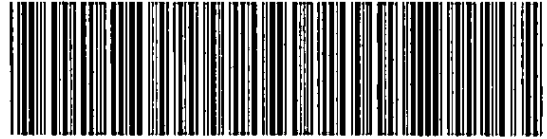
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400381725794

02/15/22--01:18--005 \*\*121.02

FILED

2022 FEB 15 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Summit Title and Closing, 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:

Corporate Legal

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

Summit Settlement Services, LLC

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

50 Jordan Street

\_\_\_\_\_  
Address

East Providence, RI 02914

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

licensing@summitsettlement.net

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

For further information concerning this matter, please call:

Corporate Legal

401

865-6400

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. Summit Title and Closing, 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 3. 86-2806678  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

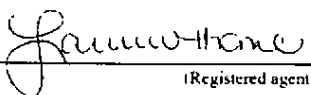
5. 50 Jordan Street 6. 50 Jordan Street  
(Street Address of Principal Office) (Mailing Address)  
East Providence, RI 02914 East Providence, RI 02914

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

Name: Cogency Global, Inc.  
Office Address: 115 North Calhoun St., Suite 4  
Tallahassee 32301  
(City) , Florida (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.*

 Assistant Secretary  
(Registered agent's signature)

**FILED**  
**2022 FEB 15 PM 1:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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: John Nathan Chandler

☐ Member              Address: 50 Jordan Street

☐ Authorized              East Providence, RI 02914

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

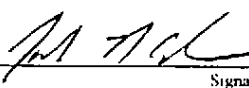
Person

☐ 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

John Nathan Chandler  
\_\_\_\_\_  
Typed or printed name of signee



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:

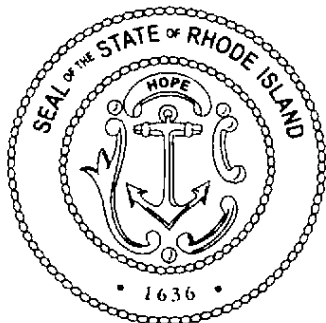
### **Summit Title and Closing, LLC**

is a Rhode Island Limited Liability Company organized on **January 31, 2022.**

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  
February 01, 2022



Secretary of State

Certificate Number: 22020002220

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

Processed by: dantonelli