

M22 0000 05886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

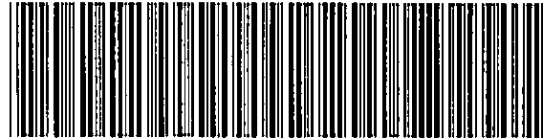
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500384920755

04/01/22--01026--007 **160.00

2022 APR -1 PM 7:24

FILED

S. FRANKLIN

APR 16 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Acre Title Services, 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:

Rebecca A. Borden, Esq.

Name of Person

Blue Acre Title Services, LLC

Firm/Company

3 Corporate Drive, Suite 204

Address

Clifton Park, NY 12065

City/State and Zip Code

rborden@dglawny.com

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

For further information concerning this matter, please call:

Rebecca A. Borden

518

631-6400 Ext 104

Name of Contact Person

at

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

2022 APR - 1 PM 7:24

FILED

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. Blue Acre Title Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

Blue Acre Title Services of Florida, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. New York 83-4252081
(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. 3 Corporate Drive
(Street Address of Principal Office)
Suite 204
Clifton Park, NY 12065

6. 3 Corporate Drive
(Mailing Address)
Suite 204
Clifton Park, NY 12065

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, FL 33324
(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.


(Registered agent's signature)

Stephanie Picco, Assistant Secretary

2022 APR -1 PM 7:24

FILED

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Rebecca A. Borden, Esq.
<input type="checkbox"/> Member	Address: 3 Corporate Drive
<input checked="" type="checkbox"/> Authorized	Suite 204
Person	Clifton Park, NY 12065
<input type="checkbox"/> Other	<input type="checkbox"/> Other

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

☐ Manager Name: Jacqueline Goralczyk, Esq.

☒ Member Address: 3 Corporate Drive

☐ Authorized Suite 204

Clifton Park, NY 12065

Person

☐ Other ☐ Other

☐ Manager Name: Karen DeAngelus, Esq.

☒ Member Address: 3 Corporate Drive

☐ Authorized Suite 204

Person Clifton Park, NY 12065

☐ 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

Rebecca A. Horden

Typed or printed name of signer

2022 APR -1 PM 7:24

[illegible]

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BLUE ACRE TITLE SERVICES, LLC
DOS ID Number: 6337366
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 11/29/2021
Statement Status: CURRENT
Statement Due Date: 11/30/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 11/29/2021
Entity Name: BLUE ACRE TITLE SERVICES, LLC

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 01/28/2022

2022 APR - 1 PM 7:24

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

2022 APR - 1 PM 7: 00
WITNESS my hand and official seal of the Department
of State, at the City of Albany, on March 30, 2022 at
08:43 A.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State