## M3200000184

(Requestor's Name)					
(Address)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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S. FRANKLIN APR 2 1 2022

## COVER LETTER

	Division of Corporations .			
UBJEC'	ClosingBot Title, LLC T;			
	Name	of Limited Liability Company		
he enclo xistence.	sed "Application by Foreign Limited Liability C , and check are submitted to register the above re	Company for Authorization to Transact Business in Florida," Certific eferenced foreign limited liability company to transact business in F.	ate of lorida	
lease ret	urn all correspondence concerning this matter to	the following:		
	Kenneth Nickel			
		Name of Person		
	Compliance Freedom Network LLC			
	Firm/Company			
	P.O. Box 709			
		Address		
	Saint Croix Falls, WI 54024			
	Ci	ity/State and Zip Code		
	sos@compliancefreedom.com			
	E-mail address: (10 be	used for future annual report notification)		
For furthe	er information concerning this matter, please cal	l:		
Kenneth Nickel		888 697-1777 x1		
-	Name of Contact Person	Area Code Daytime Telephone Number  Street Address: Registration Section Division of Corporations		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	1	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP  \$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee. Certific	ate	

## 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:

me unavailable, enter alternate name adopted for the purpose of transacting	ng business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or
Delaware	87-4588972 3. (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is o	organized) (FEI number, if applicable)
N/A	
(Date first transacted business in Flo (See sections 605 0904 & 605 0905	orida, if prior to registration.)  5. F.S. to determine penalty liability)
1395 Brickell Avenue	1395 Brickell Avenue
et Address of Principal Office)	6. (Mailing Address)
4th Floor	4th Floor
Miami, FL 33131	Miami, FL 33131
Tame and street address of Florida registered agent:	(P.O. Box NOT acceptable)
Corporation Service Compo	pany
Office Address:	1
Tallahassee	32301

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.

Solyman Washington Assistant Secretary
(Redistered 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:	Title or Capacity:	Name and Address:
■Manager	Name: Helen Lac	□Manager	Name: ClosingBot Title Holdings, LLC
□Member	Address: 1395 Brickell Avenue	■Member	Address:
□Authorized	4th Floor	□Authorized	4th Floor
Person	Miami, FL 33131	Person	Miami, FL 33131
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	<del> </del>	Person	<u> </u>
Other	Other	Other	□Other □
			Other 22 APR
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□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

Helen Lac, Owner Representative

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLOSINGBOT TITLE, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTY-FIRST DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLOSINGBOT TITLE, LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 203066688

Date: 03-31-22

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