

M220000015049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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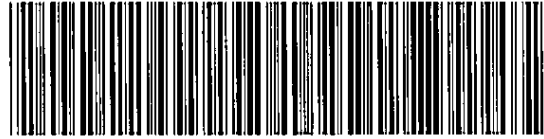
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. ROBERTS

SEP 28 2022

## CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 09/28/2022

Acc#120160000072

*mic*

Name:	Act Title Agency LLC
Document #:	
Order #:	14559918

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Amount: \$ 155.00

Thank you!

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. ACT Title Agency 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. Ohio 3. 81-4895076  
(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. 1111 SUPERIOR AVE STE 600 6. 3210 EL CAMINO REAL STE 200  
(Street Address of Principal Office) (Mailing Address)

C/O MGM LOVEJOY

CLEVELAND, OH 44114

IRVINE, CA 92602

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 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.

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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>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Chicago Title Company, LLC</u>	<input type="checkbox"/> Manager	Name: <u>MICHAEL J. NOLAN</u>
<input type="checkbox"/> Member	Address: <u>601 Riverside Ave</u>	<input type="checkbox"/> Member	Address: <u>601 RIVERSIDE AVE</u>
<input type="checkbox"/> Authorized	<u>Jacksonville, FL 32204</u>	<input type="checkbox"/> Authorized	<u>JACKSONVILLE, FL 32204</u>
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>P/CEO</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>ANTHONY J. PARK</u>	<input type="checkbox"/> Manager	Name: <u>MARJORIE NEMZURA</u>
<input type="checkbox"/> Member	Address: <u>601 RIVERSIDE AVE</u>	<input type="checkbox"/> Member	Address: <u>10 S LASALLE ST STE 3100</u>
<input type="checkbox"/> Authorized	<u>JACKSONVILLE, FL 32204</u>	<input type="checkbox"/> Authorized	<u>CHICAGO, IL 60603</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>EVP/CFO</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>VP/SEC</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>MARILYN C. N. SUPALO</u>	<input type="checkbox"/> Manager	Name: <u>MADELINE G. M. LOVEJOY</u>
<input type="checkbox"/> Member	Address: <u>1701 VILLAGE CENTER CIR</u>	<input type="checkbox"/> Member	Address: <u>3210 EL CAMINO REAL</u>
<input type="checkbox"/> Authorized	<u>LAS VEGAS, NV 89134</u>	<input type="checkbox"/> Authorized	<u>STE 200</u>
Person		Person	<u>IRVINE, CA 92602</u>
<input checked="" type="checkbox"/> Other <u>VP/ASST TREAS</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>AVP/ASST SEC</u>	<input type="checkbox"/> 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.

Madelin G. M. Lovejoy  
Signature of an authorized person

MADELINE G. M. LOVEJOY, ASSISTANT VICE PRESIDENT/ASST SEC

Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ACT TITLE AGENCY LLC, an Ohio Limited Liability Company, Registration Number 3963424, was organized in the State of Ohio on November 28, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of September, A.D. 2022.*

A handwritten signature in black ink, appearing to read "Frank LaRose".

Ohio Secretary of State