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JUN - 9 2023

COVER LETTER

Registration Section

TO:

Div	ision of Corporations							
SUBJECT:	Surety Title Company, LLC							
	Name of Limited Liability Company							
The enclosed Existence, as	d "Application by Foreign Limited Liability Com and check are submitted to register the above refer	pany for Authorizati enced foreign limite	on to Transact Business in Florida," Certificate of d liability company to transact business in Florida.					
Please return	all correspondence concerning this matter to the	following:						
	Elizabeth Ahrens							
	Name of Person							
	Surety Title Company, LLC							
	F	irm/Company						
	11 Eves Drive, Suite 150							
		Address						
	Marlton, NJ 08053							
	City/S	State and Zip Code	· · · · · · · · · · · · · · · · · · ·					
	eahrens@mysurety.com	·						
	E-mail address: (to be use	ed for future annual r	eport notification)					
For further	information concerning this matter, please call:							
EI	izabeth Ahrens	856 at (988-8900) Daytime Telephone Number					
	Name of Contact Person	Area Code	Daytime Telephone Number					
Re Di P.	egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810					
Ple	iclosed is a check for the following amount: ease make check payable to: FLORIDA DEPAR \$125.00 Filing Fee \$\Bigci \text{\$130.00 Filing Fee & Certificate of S}	□ \$155.00 Fili	ng Fee & 🔲 \$160.00 Filing Fee, Certificate					

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:

Surety Title Company,	LLC							
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabili	ty Company," "L.L.C.," (or "LLC.")			<u> </u>	_
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The	e alternate name must include	"Limited Li	iability Com	рапу,"	"L.IC," o	حتلت
New Jersey 2. (Jurisdiction under the law of which foreign limited liability company is organized)			22-3154895 3. (FEI number, if a					
	nich föreign limited liability company is organized)			(FEI numb	er, if applica	ible)		
N/A 4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratio	эп)					
11 Eves Drive, Suite 1	50	ine penalty	y limbility) 11 Eves Drive, Sui	te 150				
5. Street Address of Principal Office)			(Mailing Address)					_
Marlton, NJ 08053			Marlton, NJ 08053		Ţ,	•	202	
					•			_
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT.	accentable)					—
structure structures	or riorida registered agent. (1.0. Dox	101	acceptable)			-	PH 2:	
Name:	Business Filings Incorporated				•	ii; 2., ••	. 5L	
Office Address:	1200 South Pine Island Road							
	Plantation		 33 . Florida	324				
	(City)			(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.

Brennas Hutter Wast Secretary
(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Brian C. Klaus Name: _____ □Manager ■ Manager Address: 11 Eves Drive, Suite 150 Address: □Member □Member Marlton, NJ 08053 □ Authorized □ Authorized Person Person Other____ □Other_____ Other Other____ Name: _____ Name: _____ □Manager □Manager Address: _____ ☐Member Address: _____ ☐ Member □ Authorized □ Authorized Person Person □Other____ □Other_____ □ Other_____ Other Name: _____ □Manager Name: _____ □Manager Address: ______ □Member Address: _____ □Member □ Authorized ☐ Authorized Person Person □ Other_____ Other____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 consistinges a third degree felony as provided for in s.817.155, F.S. ignature of an authorized person Brian C. Klaus

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

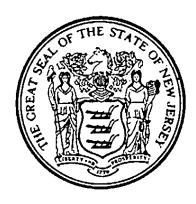
SURETY TITLE COMPANY, LLC 0600372970

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 26, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOHN J. DESANTIS 11 EVES DRIVE SUITE 150 MARLTON. NJ 08053



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of May. 2023

duk of New

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6143300425

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



Registration Section

May 22, 2023

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern,

Attached to this letter are an application for Foreign LLC registration and a Certificate of Good Standing from our home state of NJ, along with the filing fees of \$125.00

Please contact me if there is anything else we need to register our LLC.

th Ahrens

Thank you,

Elizabeth Ahrens

Executive Liaison

Surety Title Company, LLC

11 Eves Drive Suite 150

Marlton NJ 08053

Business License #9246667

Office 856-988-8900 ext 1217

Direct 856-702-6817

Fax 856-334-0026

Email eahrens@mysurety.com





