

M23000013388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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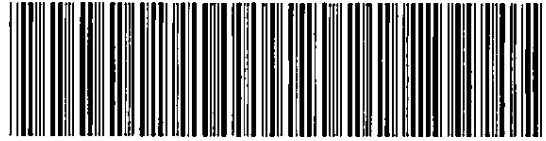
(Business Entity Name)

(Document Number)

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

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10/13/23--01021--009 \*\*160.00

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2023 OCT 13 PM 1:46

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# TEAM TITLE

*Christina T. Huguet, Attorney*  
1200 West Causeway Approach, Suite 8  
Mandeville, Louisiana 70471  
Phone: (985) 327-7227  
Fax: (985) 327-7233

October 12, 2023

**VIA FED-EX OVERNIGHT DELIVERY**  
**TRACKING NO. 7737 2632 0519**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Application by Foreign Limited Liability Company for  
Authorization to Transact Business in Florida  
Registrant: Team Title, L.L.C.

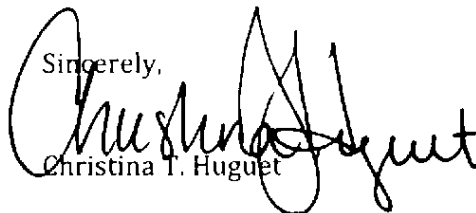
Dear Sir or Madam:

In accordance with s. 605.0902, Florida Statutes, for registration as a foreign limited liability company to transact business in Florida by Team Title, L.L.C., a Louisiana limited liability company, I am enclosing the following:

1. Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Certificate of Existence for Team Title, L.L.C., dated October 12, 2023, and certified by Louisiana Secretary of State; and
3. Check payable to the Florida Department of the State for \$160.00 for the registration fee.

Upon processing this application, please forward a Certified Copy and Certificate of Status to the attention of Traci Cogle using the above-referenced address.

Thank you in advance for your assistance. Should you have any questions, please feel free to contact me.

Sincerely,  
  
Christina T. Huguet

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TEAM TITLE, L.L.C.

\_\_\_\_\_  
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:

Traci Cougle

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

Team Title

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

1200 West Causeway Approach, Suite 8

\_\_\_\_\_  
Address

Mandeville, LA 70433

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

tcougle@teamtitlellc.com

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

For further information concerning this matter, please call:

Traci Cougle

985

327-7227

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. TEAM TITLE, L.L.C.  
(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. Louisiana  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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. 1200 West Causeway Approach, Suite 8  
(Street Address of Principal Office)

6. 1200 West Causeway Approach, Suite 8  
(Mailing Address)

Mandeville, LA 70471

Mandeville, LA 70471

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

Name: Wendi McAleese

Office Address: 3812 W. Linebaugh Avenue

Tampa, Florida 33618  
(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.

Wendi McAleese  
(Registered agent's signature)

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2023 OCT 13 PM 1:46  
TAMPA, 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Thomas E. Richards</u>	<input type="checkbox"/> Manager	Name: <u>Mark D. Higdon</u>
<input checked="" type="checkbox"/> Member	Address: <u>1200 West Causeway Approach</u>	<input checked="" type="checkbox"/> Member	Address: <u>1200 West Causway Approach</u>
<input type="checkbox"/> Authorized	<u>Suite 8, Mandeville, LA 70471</u>	<input type="checkbox"/> Authorized	<u>Suite 8, Mandeville, LA 70471</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	 Name: <u></u>	 <input type="checkbox"/> Manager	 Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	 Name: <u></u>	 <input type="checkbox"/> Manager	 Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

**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



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*  
the Articles of Organization of

**TEAM TITLE, L.L.C.**

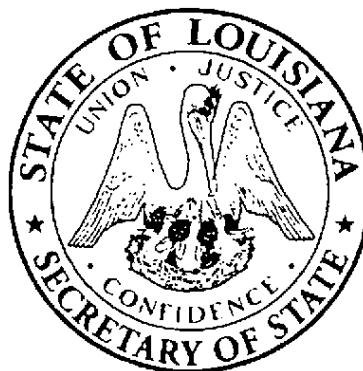
Domiciled at COVINGTON, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on June 09, 2004,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my  
hand and caused the Seal of my Office to be  
affixed at the City of Baton Rouge on,

October 12, 2023



*Secretary of State*

Certificate ID: 11795220#GTL73

To validate this certificate, visit the following web site,  
go to **Business Services, Search for Louisiana  
Business Filings, Validate a Certificate**, then follow  
the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)

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33618

(Zip code)

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Wendi McAleese

(Registered agent's signature)

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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]:

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

☐ Manager      Name: Thomas E. Richards

☒ Member      Address: 1200 West Causeway Approach

☐ Authorized      Suite 8, Mandeville, LA 70471

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

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

☐ Manager      Name: Mark D. Higdon

☒ Member      Address: 1200 West Causway Approach

☐ Authorized      Suite 8, Mandeville, LA 70471

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 \_\_\_\_\_

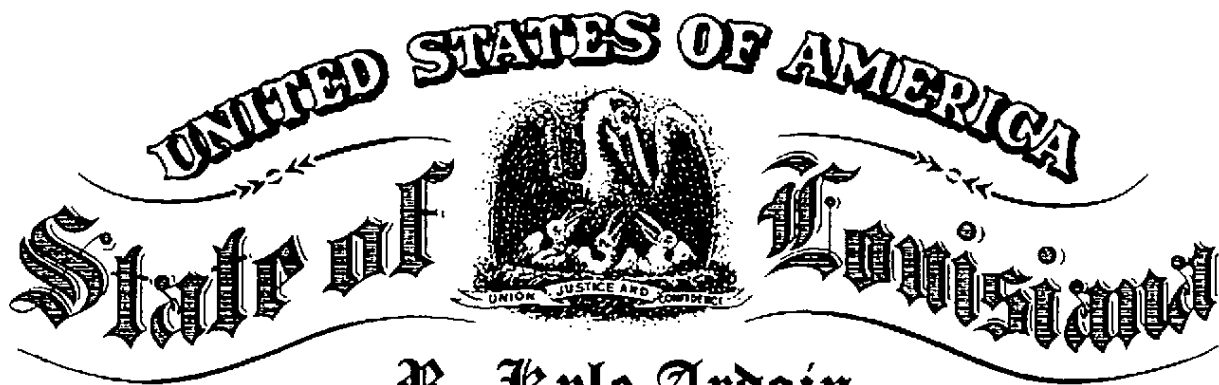
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Signature of an authorized person





**R. Kyle Ardoin**

**SECRETARY OF STATE**

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Web 35721084K



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