

M240000002458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

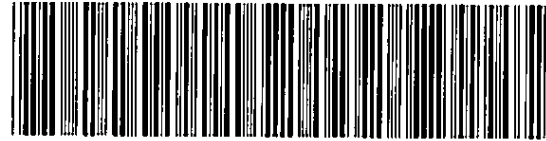
(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NU WORLD TITLE AND SETTLEMENT

SERVICES II, LLC

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☒ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☒ Cert. Copy _____
☐ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

Signature _____

Requested by: BA

1/09/23

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NU WORLD TITLE AND SETTLEMENT SERVICES II, 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:

JACQUELINE VILLALOBOS

Name of Person

FILEJET INC.

Firm/Company

10440 PIONEER BLVD STE 8

Address

SANTA FE SPRINGS, CA 90670

City/State and Zip Code

REGISTEREDAGENT@FILEJET.COM

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

For further information concerning this matter, please call:

JACKY VILLALOBOS

949

259-5955

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. NU WORLD TITLE AND SETTLEMENT SERVICES II, 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. Delaware 3. 88-2521597
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/16/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12777 West Forest Hill Blvd. Suite 1502 6. _____
(Street Address of Principal Office) (Mailing Address)

Wellington, FL 33414

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

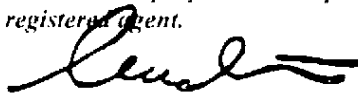
Name: FILEJET INC.

Office Address: 625 E. Twiggs St. Ste 110

Tampa, Florida 33602-3931
(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.



(Registered agent's signature)

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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>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>KNOX-PRECISION HOLDINGS, LLC</u>	<input type="checkbox"/> Manager	Name: <u>STACEY ALCORN</u>
<input checked="" type="checkbox"/> Member	Address: <u>9425 Sunset Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>12777 West Forest Hill Blvd., Suite 1502</u>
<input type="checkbox"/> Authorized	<u>Miami, FL, 33173</u>	<input type="checkbox"/> Authorized	<u>Wellington, FL, 33414</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>ALEX GREGOR</u>	<input checked="" type="checkbox"/> Manager	Name: <u>RUDY HERNANDEZ</u>
<input type="checkbox"/> Member	Address: <u>9425 Sunset Drive</u>	<input type="checkbox"/> Member	Address: <u>9425 Sunset Drive</u>
<input type="checkbox"/> Authorized	<u>Miami, FL, 33173</u>	<input type="checkbox"/> Authorized	<u>Miami, FL, 33173</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>STACEY ALCORN</u>	<input type="checkbox"/> Manager	Name: _____
	<u>12777 West Forest Hill Blvd., Suite 1502</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Member	Address: <u>Wellington, FL, 33414</u>	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Authorized	_____	Person	_____
Person	_____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<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.



Signature of an authorized person

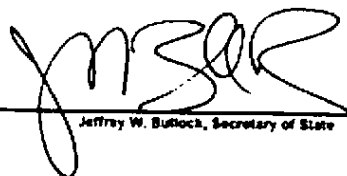
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NU WORLD TITLE AND SETTLEMENT SERVICES
II, 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 TWENTY-SECOND DAY OF FEBRUARY, A.D.
2024.




Jeffrey W. Bullock, Secretary of State

6818504 8300

SR# 20240612285

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202859332

Date: 02-22-24