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(Address)

(City/State/Zip/Phone #)

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2021 APR 19 PM 10:12
TALLAHASSEE, FL

2021 APR 19 PM 10:12

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Precision Title Solutions, 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:

Kenneth W. Nickel

Name of Person

Compliance Freedom Network

Firm/Company

P.O. Box 709

Address

Saint Croix Falls, WI 54024

City/State and Zip Code

sos@compliancefreedom.com

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

For further information concerning this matter, please call:

Kenneth Nickel

888

697-1777

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. Precision Title Solutions, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

991170328

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)

1075 West 3rd Avenue

5. (Street Address of Principal Office)

Office #2

Columbus, OH 43212

1075 West 3rd

6. (Mailing Address)

Office #2

Columbus, OH 43212

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

Name: HYNDS, ROBERT J, ESQ. 34236

Office Address: 630 S. Orange Ave., Suite 200-G

Sarasota, 34236

(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.

(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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Kelly Craycraft	
<input type="checkbox"/> Member	Address:	3 Easton Oval	
<input type="checkbox"/> Authorized	Suite 100		
Person	Columbus, OH 43219		
<input checked="" type="checkbox"/> Other	Managing Partner	<input type="checkbox"/> Other	

☐ Manager Name: Joel Roby

☐ Member Address: 1075 West 3rd Avenue

☐ Authorized Office #2

Person Columbus, OH 43212

☒ Other Managing Partner ☐ Other

☐ Manager Name: Stacy Mollahan

☐ Member Address: 3 Easton Oval

☐ Authorized Suite 100

Person Columbus, OH 43219

☒ Other Escrow Officer ☐ Other

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

☐ Manager Name: Mike Bostrom

☐ Member Address: 3 Easton Oval

☐ Authorized Suite 100

Person Columbus, OH 43219

☒ Other Managing Partner ☐ Other _____

☐ Manager Name: Jon Moore

☐ Member Address: 1075 West 3rd

☐ Authorized Office #2

 Person Columbus, OH 43212

☒ Other Managing Partner ☐ Other

☐ Manager Name: Will Matongo

☐ Member Address: 3 Easton Oval

☐ Authorized Suite 100

Person Columbus, OH 43219

☐ Other Processor ☐ 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

Michael Bostrom

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 PRECISION TITLE SOLUTIONS LLC, an Ohio Limited Liability Company, Registration Number 5176624, was organized in the State of Ohio on February 2, 2024, 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 4th day of April, A.D. 2024.*


A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202409503402

TRANSMITTAL MEMORANDUM

DATE: April 4, 2024

FROM: Kenneth W. Nickel 
Tel: 888-697-1777

TO: Secretary of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314
Tel: 850-245-6051

RE: Precision Title Solutions, LLC
Application for Authorization to Transact Business in Florida

Please find the enclosed following documents:

1. Application by Foreign Limited Liability Company to Transact Business in Florida.

OH Certificate of Good Standing;
2. Check in the amount of \$125.00.

Upon completion of the filing, please forward a confirmed copy to my email at sos@compliancefreedom.com. If for any reason the filed document cannot be sent by email, please forward it to my office address, which is as follows:

Kenneth W. Nickel
Compliance Freedom Network LLC
P.O. Box 709
Saint Croix Falls, WI 54024

If there are any questions, please direct them to Kenneth Nickel at the number set forth above. You may also reach me on my cell phone (831-737-8663) or via e-mail (sos@compliancefreedom.com). Thank you for your attention to this application.