## M240000000351

<del>.</del>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
<b></b> .
Office Use Only

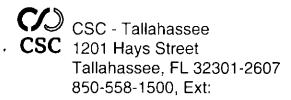


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24 MAY 17 PM 4: 04

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To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 05/17/24 Order #: 1506027-1

Re: W. Park National Title Agency, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

TO:

O:	Registration Section Division of Corporations						
IR IF	W. Park National Title Agency, LLC						
UBJECT:Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori					
ease r	return all correspondence concerning this matter to	o the following:					
	Nicole Wolosoff, Esq.						
		Name of Person					
	W. Park National Title Agency, LLC						
		Firm/Company					
	273 16th Street, Unit PH01						
		Address					
	Jersey City, NJ 07310						
	Ci	ity/State and Zip Code					
	nwolosoff@wparktitle.com						
	E-mail address: (to be	used for future annual report notification)					
r furt	her information concerning this matter, please cal	1:					
Nicole Wolosoff		516 382-3070 at ( )					
	Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: Registration Section					
	Division of Corporations	Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEP.  \$\overline{\Pi}\$ \$130.00 Filing Fee  Certificate o	e & □ \$155.00 Filing 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:

	e Agency, LLC Limited Liability Company; must include "Limited				
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited Liability Con	pany," "L L.C," or "LLC,")	
Delaware		_			
2. (Jurisdiction under the law of which foreign limited hability company is organized)		غ	(FEI number, if applicable)		
N/A					
4	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability	)		
5. 273 16th Street. Uni	t PH01		16th Street, Unit PH01	11V	
(Street Address of Principal Office)	<del></del>	0	Mailing Address)	85.03 85.03	
Jersey City, NJ (	07310	Jerse	ey City, NJ 07310	FIL FOR TARR	
				<b>H.</b> H. H. H. H. H. H. H. H. H. H. H. H. H.	
			<del></del>	OF STATE REPORTATION	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accept	able)	<b>10</b> SR9!	
Name:	Corporation Service Company				
Office Address:	1201 Hays Street		-		
	Tallahassee		32301 , Florida		
	(Cuy)		, Florida(Zip code)		
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By:	registered a	gent and agree to act in this c	apacity. Í further agr	

(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Nicole Wolosoff	□Manager	Name: W. Park Title Agency, LLC
□Member	Address: 273 16th Street, Unit PH01	■Member	Address: 273 16th Street, Unit PH0
□Authorized	Jersey City, NJ 07310	□Authorized	Jersey City, NJ 07310
Person		Person	
□Other	Other	□Other	□Other_
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□ Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	-
□Other	□Other	□Other	Other
indexed individuals  9. Attached is a cert jurisdiction under th of the translator mus  10. This document i	se an attachment to report more than six (6). To may be added to the index when filing your Fluificate of existence, no more than 90 days old, we law of which it is organized. (If the certificate to be submitted)  s executed in accordance with section 605.020 ment to the Department of State constitutes at the	orida Department of State duly authenticated by the e is in a foreign language.  3 (1) (b). Florida Statutes.	e Annual Report form.  official having custody of records in the cartificate under oal.  I am aware that any false information

Typed or printed name of signee

Nicole Wolosoff, Esq.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "W. PARK NATIONAL TITLE, 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 THIRTEENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "W. PARK NATIONAL TITLE, LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203463879

Date: 05-13-24