

M24000015530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

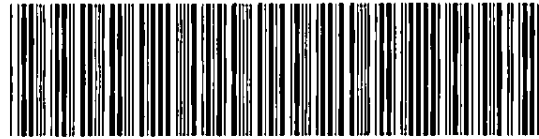
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700439549767

APPROVED
AND
FILED

2024 DEC 11 PM 2:57

DEC 11 2024

2024 DEC 11 PM 3:25

DEC 12 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 12/11/24
Order #: 1722958-1
Re: Over Under Title LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the routing slip.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.0 - FL State Account Number:
I20000000195
Certificate of Good Standing from State of Incorporation

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: Registration Section
Division of Corporations

SUBJECT: Over Under Title 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:

Betty Proulx
Name of Person
Anywhere Real Estate Inc.
Firm/Company
175 Park Ave.
Address
Madison, NJ 07940
City/State and Zip Code
betty.proulx@anywhere.re
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betty Proulx 973 407-2452
Name of Contact Person at 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. OVER UNDER TITLE 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 99-3856953
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1000 Bishops Gate Blvd., Suite 100 1000 Bishops Gate Blvd., Suite 100
(Street Address of Principal Office) (Mailing Address)

Mount Laurel, NJ 08054 Mount Laurel, NJ 08054

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Shauna Godbolt

APPROVED
AND
FILED
2024 DEC 11 PM 2:57
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

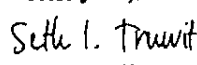
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Jason Vickrey</u>	<input type="checkbox"/> Manager	Name: <u>Michael P. Gozdan</u>
<input type="checkbox"/> Member	Address: <u>1411 Falls Ave. E., Suite 1131</u>	<input type="checkbox"/> Member	Address: <u>1000 Bishops Gate Blvd.,</u>
<input type="checkbox"/> Authorized	<u>Twin Falls, ID 83301</u>	<input type="checkbox"/> Authorized	<u>Suite 100, Mount Laurel, NJ 08054</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	 Name: <u>Donald J. Casey</u>	 <input type="checkbox"/> Manager	 Name: <u>Patrick Treacy</u>
<input type="checkbox"/> Member	Address: <u>1000 Bishops Gate Blvd.,</u>	<input type="checkbox"/> Member	Address: <u>175 Park Ave.</u>
<input type="checkbox"/> Authorized	<u>Suite 100, Mount Laurel, NJ 08054</u>	<input type="checkbox"/> Authorized	<u>Madison, NJ 07940</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	 Name: <u>Timothy Gustavson</u>	 <input type="checkbox"/> Manager	 Name: <u>Seth I. Truwit</u>
<input type="checkbox"/> Member	Address: <u>175 Park Ave.</u>	<input type="checkbox"/> Member	Address: <u>175 Park Ave.</u>
<input type="checkbox"/> Authorized	<u>Madison, NJ 07940</u>	<input type="checkbox"/> Authorized	<u>Madison, NJ 07940</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Officer</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.

DocuSigned by:

 5BC06679DA33441... Signature of an authorized person

Seth I. Truwit, Senior Vice President and Assistant Secretary

Typed or printed name of signer

Delaware

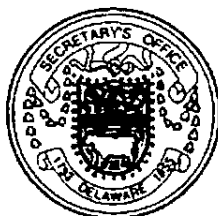
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OVER UNDER 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 ELEVENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OVER UNDER TITLE LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2024.

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



4068403 8300

SR# 20244457268

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 205098467

Date: 12-11-24