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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

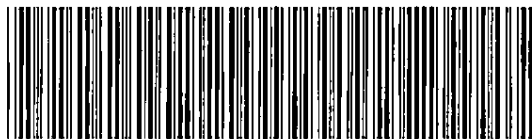
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RECEIVED  
DEC 26 2024

APPROVED  
AND  
FILED  
2025 JAN -3 AM 10:21  
CLERK OF SUPERIOR COURT  
JANUARY 3, 2025

JAN 07 2025  
K. Brumbley

Nova Title Services, LLC  
1605 Main Street, Suite 1112  
Sarasota, Florida 34235

December 31, 2024

Agnes Lunt  
Regulatory Specialist III  
Internet Access Dept.  
Florida Department of State  
Division of Corporations

Dear Ms. Lunt:

I am the current member and manager of Nova Title Services, LLC, a Florida limited liability company (Doc # L24000330388). I recently submitted an application to dissolve this company with the Florida Department of State Division of Corporations. In addition, I recently submitted an application to authorize my new company, Nova Title Services, LLC, a Delaware limited liability company, to conduct business within the state of Florida.

I hereby release the name "Nova Title Services" to my new Delaware entity.

Please let me know if you have any questions, or if you need any further information to release the name to my new entity (Nova Title Services, LLC, a Delaware limited liability company).

Sincerely,

*Michael Infanti*

Michael Infanti

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NOVA TITLE SERVICES, LLC, a Delaware limited liability company  
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:

MICHAEL INFANTI

Name of Person

INFANTI LAW FIRM

Firm/Company

1605 MAIN STREET, SUITE 1112

Address

SARASOTA, FL 34236

City/State and Zip Code

MINFANTI@ILFPLLC.COM

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

For further information concerning this matter, please call:

MICHAEL INFANTI	941	400-4828
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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NOVA TITLE SERVICES, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 33-2513636  
(FEI number, if applicable)

4. 1/1/2025  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1605 MAIN STREET, SUITE 1112  
(Street Address of Principal Office)

6. 1605 MAIN STREET, SUITE 1112  
(Mailing Address)

SARASOTA, FL 34236 SARASOTA, FL 34236

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

Name: MICHAEL INFANTI, ESQ.

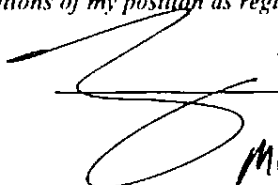
Office Address: 1605 MAIN STREET, SUITE 1112

SARASOTA 34236  
(City) Florida (Zip code)

APPROVED  
AND  
FILED  
2025 JAN -3 AM 10:21  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF SARASOTA, FLORIDA

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)  
Michael Infanti

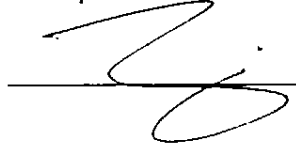
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>MICHAEL INFANTI</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1605 MAIN STREET, 1112</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SARASOTA, FL 34236</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<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 _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<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  
Michael Infanti  
\_\_\_\_\_  
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 "NOVA TITLE SERVICES, 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 THIRD DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVA TITLE SERVICES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2024.

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



10040254 8300

SR# 20250018846

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 202614064

Date: 01-03-25