

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

3/12/2024 2:57:12 PM

Fee receipt: \$90.00

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **FIRST NATIONAL TITLE & ESCROW LLC**
3. The state or country whose law the entity is organized is **Rhode Island**.
4. The date of organization is **7/27/2009** and the period of duration is **perpetual**.  
This Filing is Effective on Tuesday, March 12, 2024
5. This entity is managed by Members

**6. Principal Office**

1100 AQUIDNECK AVE  
MIDDLETOWN, RI 02842

**7. Required Representatives**

Member	Stephen Patti	1100 AQUIDNECK MIDDLETOWN AVE	RI	02842
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**8. Registered Agent/Office**

InCorp Services, Inc.  
828 Lane Allen Road  
Suite 219  
Lexington, KY 40504

I, **Sherry Stevenson**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Tuesday, March 12, 2024

As the Authorized Representative, I, **Stephen Patti**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member**