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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : ADMIRALS COVE ASSOCIATES, LTD.
Account Number : I19990000071
Phone : (561)744-1700
Fax Number : (561)744-8889

RECEIVED
02 SEP -4 PM 2:33
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
LEGAL EAGLE TITLE INSURANCE CO., L.C.

02 SEP -4 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Certificate of Status	0
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JB
9/4/02

**ARTICLES OF ORGANIZATION
FOR
LEGAL EAGLE TITLE INSURANCE CO., L.C.
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the limited liability company is **LEGAL EAGLE TITLE INSURANCE CO., L.C.**

ARTICLE II - Address:

The mailing address and the street address of the principal office of the limited liability company is:

200 Admirals Cove Blvd.
Suite 417
Jupiter, FL 33477

ARTICLE III - Registered Agent

The name and the Florida street address of the registered agent are:

Sherry Lefkowitz Hyman, Esq.
200 Admirals Cove Blvd.
Suite 417
Jupiter, FL 33477

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature

ARTICLE IV - Management:

The Limited Liability Company is to be managed by one or more members and is, therefore, a member - managed company.



, Member

(In accordance with Section 608.408(3), Fla. Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

02 SEP - 4, PM 3:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

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