

L04000044861

(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:

2595

~~IND 21443~~

Office Use Only



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05/28/04--01014--008 \*\*130.00

04 JUN 14 PM 2:15  
RECEIVED  
STATE OF ARIZONA  
SECRETARY OF STATE

LB  
6-15-04



## Fidelity National Title Insurance Company

5810 West Cypress Street, Suite E, Tampa, FL 33607  
TEL: (813) 289-7777, FAX: (813) 282-4942  
Affiliate Division

May 21, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Articles of Organization for Focus Title, LLC

Dear Sir or Madam:

Enclosed, please find Articles of Organization for a Florida limited liability company. The limited liability company being organized is Focus Title, LLC. Included is a check in the amount of \$130, made payable to "Florida Department of State", for the Filing Fee, Designation of Registered Agent, and the Certificate of Status.

If any additional information is required, please do not hesitate to contact me at the above phone number.

Thank you for your consideration.

Sincerely,

Heather Whitacre  
Affiliate Development  
Fidelity National Title

AND  
FILE  
04 JUN 16 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 3, 2004

HEATHER WHITACRE  
FIDELITY NATIONAL TITLE INSURANCE COMPAN  
5810 W CYPRESS ST, STE E  
TAMPA, FL 33607

SUBJECT: FOCUS TITLE  
Ref. Number: W04000021443

We have received your document for FOCUS TITLE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 504A00038113

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Focus Title, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

c/o Fidelity Affiliates, LLC

5810 W. Cypress Street Ste E

Tampa, FL 33607

**Mailing Address:**

c/o Fidelity Affiliates, LLC

5810 W. Cypress Street Ste E

Tampa, FL 33607

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Fidelity Affiliates, LLC

Name

5810 W. Cypress Street Ste E

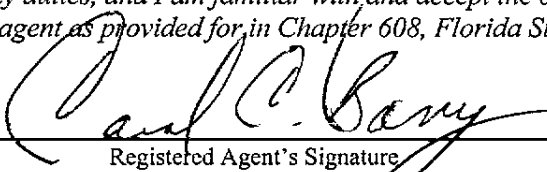
Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL

FLORIDA

City, State, and Zip

*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, Florida Statutes..*

  
Registered Agent's Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGMR

Fidelity Affiliates

5810 W. Cypress Street Ste E

Tampa, FL 33601

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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

Carol C. Barry, President of Managing Member

Typed or printed name of signee

04 JUN 11 01 28 AM  
SECRETARY OF STATE  
FALL WASH STATE FILED

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)