

L04000082557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

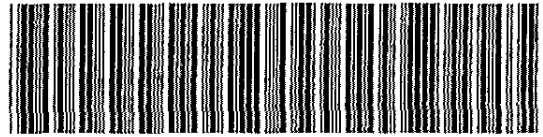
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L04-82557
OK



Fidelity National Title Insurance Company

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

November 5, 2004

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

Re: Articles of Organization for Wentworth Title Agency, LLC

Dear Sir or Madam:

Enclosed, please find Articles of Organization for a Florida limited liability company. The limited liability company being organized is Wentworth Title Agency, 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,

A handwritten signature in cursive script that reads "Heather Whitacre".

Heather Whitacre
Affiliate Development
Fidelity National Title

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TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wentworth Title Agency, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Whitacre
(Name of Person)

Fidelity National Title Insurance Company
(Firm/Company)

c/o Affiliate Division , 5810 W. Cypress Street Suite E
(Address)

Tampa, FL 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Whitacre at (813) 289-7777
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wentworth Title Agency, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

c/o Affiliate Division
5810 West Cypress Street Suite E
Tampa, FL 33607

c/o Affiliate Division
5810 West Cypress Street
Tampa, FL 33607

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

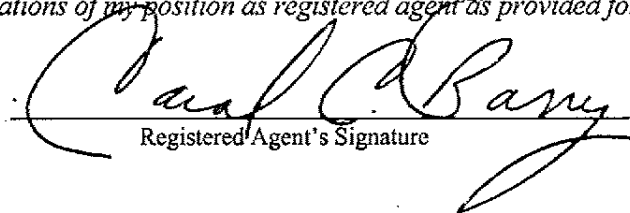
The name and the Florida street address of the registered agent are:

Fidelity Affiliates, LLC
Name

5810 West Cypress Street Suite E
Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33607 FL
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, F.S..


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(CONTINUED)

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:

MGRM

Fidelity Affiliates, LLC

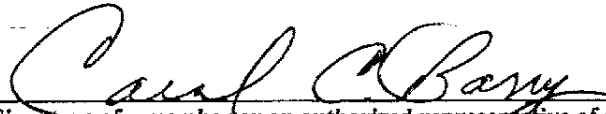
5810 W. Cypress Street Suite E

Tampa, FL 33607

(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, as President of Managing Member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)