

15000061022

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000083446 3))



H150000834463ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : 120920000094
Phone : (770)777-2091
Fax Number : (770)220-1943

15 APR - 7 PM 12:20
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO. INSPIRED TITLE SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Corrected - Resubmission

REC-00
15 APR - 7 AM 10:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSPIRED TITLE SERVICES, 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:

Sharon K. Gray
Name of Person

Triad Professional Services, LLC
Firm/Company

1720 Windward Concourse, Ste. 390
Address

Alpharetta, GA 30005
City/State and Zip Code

jbaden@triadpros.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon K. Gray at (770) 777-2091
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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

850-617-6381

4/6/2015 7:47:58 AM PAGE 1/001 Fax Server



April 6, 2015

FLORIDA DEPARTMENT OF STATE

TRIAD PROFESSIONAL SERVICES, LLC Division of Corporations

SUBJECT: INSPIRED TITLE SERVICES, LLC
REF: W15000023458

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H15000083446
Letter Number: 615A00006742

RECEIVED
15 APR -7 6:10:00
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

FILED
15 APR -7 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
INSPIRED TITLE SERVICES, LLC**

a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

ARTICLE I.

NAME. The name of the Limited Liability Company is **INSPIRED TITLE SERVICES, LLC** (the "Company").

ARTICLE II.

MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: c/o Taylor Morrison Services, Inc., 4900 North Scottsdale Road, Suite 2000, Scottsdale, Arizona 85251.

ARTICLE III.

REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: NRAJ Services, Inc., 1200 South Pine Island Road, Plantation, Florida 33324.

ARTICLE IV.

MANAGEMENT. The Company shall be managed and controlled by the following Authorized Member:

MEMBER:

TAYLOR MORRISON SERVICES, INC.

ADDRESS:

c/o Taylor Morrison Services, Inc.,
4900 North Scottsdale Road
Suite 2000
Scottsdale, Arizona 85251

The undersigned has executed these Articles of Organization on the 7th day of April, 2015.

INSPIRED TITLE SERVICES, LLC, a Florida limited liability company

By: **Taylor Morrison Services, Inc.**, a Delaware corporation, Its Member

By: Sheryl Palmer
Print Name: Sheryl Palmer
Print Title: President & CEO

FILED
15 APR -7 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

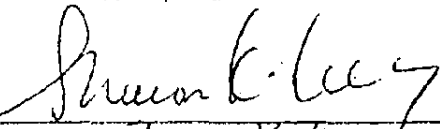
1. The name of the limited liability company is: **INSPIRED TITLE SERVICES, LLC.**

2. The name and address of the registered agent and office is: **NRAI Services, Inc., 1200 South Pine Island Road, Plantation, Florida 33324.**

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 its 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 605, Florida Statutes.

REGISTERED AGENT:

NRAI SERVICES, INC.

By: 
Print Name: Sharon R. Gray
Print Title: Assistant Secretary

Date: 4/7/15