

P96000045203

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300000183173
05/21/96--01156--015
*****70.00 *****70.00

SUBJECT: Absolute Guarantee Title Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

CHRISTINE MITCHELL
Name (printed or typed)

7009 Silvermill Dr.
Address

Tampa FL 33615
City, State & Zip

813-855-2345
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 MAY 21 AM 9:01

FILED

NOTE: Please provide the original and one copy of the articles.

GB 5/29/96

ARTICLES OF INCORPORATION

FILED
96 MAY 21 AM 9:01

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Absolute Guarantee Title Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7009 Silvermill Dr.
Tampa, FL 33615

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHRISTINE Mitchell
7009 Silvermill Dr.
Tampa FL 33615

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CHRISTINE MITCHELL
7009 Silvermill Dr.
Tampa FL 33615

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of May, 19 96.

(An additional article must be added if an effective date is requested.)

Christine Mitchell
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Absolute Guarantee Title Inc

2. The name and address of the registered agent and office is:

CHRISTINE MITCHELL
(NAME)

7009 Silvermill Dr.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa FL 33615
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Christine Mitchell
(SIGNATURE)

5/20/96
(DATE)