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Florida Department of State
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To:

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

From:

Account Name : DAVID R. CARTER, P.A.
Account Number : I20010000053
Phone : (352) 686-6278
Fax Number : (352) 686-7324

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

HOLIDAY TITLE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
HOLIDAY TITLE, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is **HOLIDAY TITLE, LLC**.

ARTICLE II - ADDRESS

The mailing address of the Limited Liability Company is 7419 U.S. Highway 19, New Port Richey, Florida 34652.

The street address of the Limited Liability Company is 5609-A U.S. Highway 19, New Port Richey, Florida 34652.

ARTICLE III - REGISTERED AGENT

The name and Florida street address of the initial Registered Agent of this Limited Liability Company are: David R. Carter, 7419 U.S. Highway 19, New Port Richey, Florida 34652.

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.


David R. Carter, Registered Agent

ARTICLE IV - MANAGEMENT

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

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.

Chelsea Title of the Suncoast, Inc.,
Managing Member of Holiday Title, LLC

By: 

David R. Carter, President of
Chelsea Title of the Suncoast, Inc.

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