

103000016180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

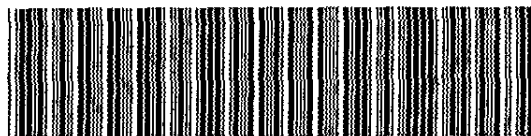
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/05/03--01079--008 **130.00

FILED
03 MAY -5 AM 9:57
TALLAHASSEE, FLORIDA



Fidelity National Title Insurance Company

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

May 1, 2003

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

Re: Articles of Organization for Liberty National 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 Liberty National 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,

Michael LaRosa
Associate Counsel

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Liberty National Title, LLC

ARTICLE II - Address:

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

C/o Affiliate Division, 5810 West Cypress Street, Suite 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:

Michael LaRosa

Name

5810 West Cypress Street, Suite E

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

Tampa, FL 33607

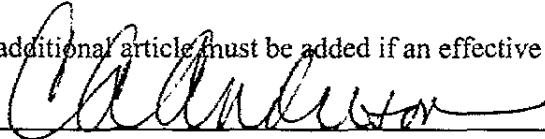
City, State, and Zip

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

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



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.)

Catherine Anderson, Pres. of Managing Member

Typed or printed name of signee

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)

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