

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L00000002782

Quality Title of
Marion County, LLC

000003166640---7
-03/13/00--01035--021
****160.00 ****160.00

L00-282
OR 3-B
Name
Availability
Date
Signature
Acknowledgment
Date

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

FILED
00 MAR 13 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art of Inc. File
LTD Partnership File
Foreign Corp. File
✓ L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
✓ Cert. Copy
Photo Copy
✓ Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
Courier

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR QUALITY TITLE OF MARION COUNTY, LLC

ARTICLE I - NAME

The name of the Limited Liability Company shall be QUALITY TITLE OF MARION COUNTY, LLC and its principal place of business shall be in Ocala, County of Marion, State of Florida, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

ARTICLE II - PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of the Limited Liability Company is:
9860 SW 84th Court Suite E, Ocala, FL, County of Marion, State of Florida.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT

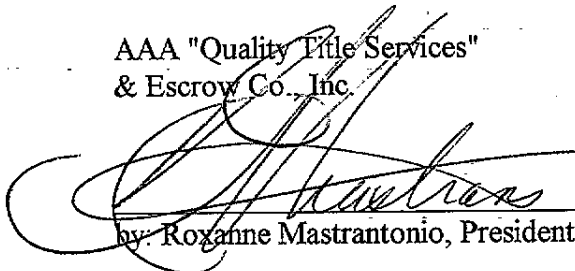
The Limited Liability Company is to be managed by the Member(s) who is (are) designated, appointed or elected to act as the managing member(s) in accordance with the Operating Agreement of the Limited Liability Company.

In accordance with Section 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Executed by the undersigned original member on the date set forth below.

Date: 3-9-2000

AAA "Quality Title Services"
& Escrow Co., Inc.


by: Roxanne Mastrantonio, President

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TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is Quality Title of Marion County, LLC.
2. The name and address of the initial agent are
Roxanne Mastrantonio
8450 SW 84th Court, Suite E
Ocala, Florida 34481

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.


Roxanne Mastrantonio

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