

L-000000005165

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

600003240486--9

-05/05/00--01032--010

****125.00 ****125.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

EPIC TITLE SERVICES OF TARPON SPRINGS, L.L.C.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of State

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00/MAY -5 AM 10:27

RECEIVED

4/5/8

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY -5 AM 9:47

FILED

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

3

ARTICLES OF ORGANIZATION
of
EPIC TITLE SERVICES of TARPON SPRINGS, L.L.C.

ARTICLE I – Name:

The name of the Limited Liability Company is:

Epic Title Services of Tarpon Springs, L.L.C.

ARTICLE II – Address:

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

101 Main Street
Suite A
Safety Harbor, FL 34695


ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Kent Runnells
Name
101 Main Street, Suite A
Florida street address (P.O. Box NOT acceptable)
Safety Harbor, Florida 34695
City, State and Zip

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TALLAHASSEE FLORIDA

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.


Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable):

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



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.)

Kent Runnells
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA