

L01000002811

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

200003747292--3
-02/22/01--01050--025
****125.00 ****125.00

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

1. Pines Title, LLC (Corporation Name) _____ (Document #) _____
2. _____ (Corporation Name) _____ (Document #) _____
3. _____ (Corporation Name) _____ (Document #) _____
4. _____ (Corporation Name) _____ (Document #) _____

Walk in

Pick up time 2/22

Certified Copy

Mail out

Will wait

Stamped Photocopy (2)

Certificate of Status

RECEIVED
01 FEB 22 AM 10:59
DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

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SECRETARY OF STATE
TALLAHASSEE, FL ORNDA

APPROVED
AND
FILED

JB
2-22-01

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is

PINES TITLE, LLC

ARTICLE II - Address

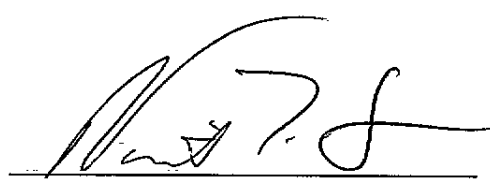
The mailing address and the street address of the principal office of the Limited Liability Company shall be 9141 Taft Street, Pembroke Pines, FL 33024.

ARTICLE III - Registered Agent and Acceptance of Appointment

The street address of the initial registered agent of the corporation shall be 9141 Taft Street, Pembroke Pines, Florida 33024 and the name of the initial Registered Agent for the limited liability company at that address is **VINCENT T. SAMMARCO**.

Having been named as registered agent and to accept service of process for **PINES TITLE, LLC** at the place designated in this certificate, **Vincent T. Sammarco**, hereby accepts said appointment as registered agent and agrees 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.

DATE: 2/20/01



Vincent T. Sammarco
9141 Taft Street
Pembroke Pines, FL 33024

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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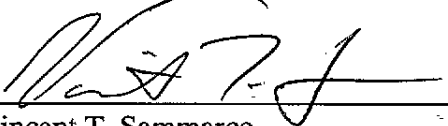
ARTICLE IV - Duration

This Limited Liability Company shall exist perpetually.

ARTICLE V - Management

The Limited Liability Company is to be managed by its members, the names and addresses of which are as follows:

Vincent T. Sammarco
9141 Taft Street
Pembroke Pines, FL 33024



Vincent T. Sammarco

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