

ACCOUNT NO.: 072100000032

REFERENCE :

075505

152759A

AUTHORIZATION:

COST LIMIT :

ORDER DATE: March 13, 2001

ORDER TIME: 10:51 AM

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ORDER NO. : 075505-005

CUSTOMER NO: 152759A

CUSTOMER:

Lisa M. Schisler, Legal Asst

John A. Nold, P.a.

995 North Collier Boulevard

Marco Island, FL 34145

DOMESTIC FILING

NAME:

SOUTHWEST FLORIDA TITLE,

L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR SOUTHWEST FLORIDA TITLE, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is SOUTHWEST FLORIDA TITLE, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 3385 Tamiami Trail North, Naples, Florida 34103.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are John A. Nold 3385 Tamiam Trail North, Naples, FL 34103.

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.

John A Nold, Registered Agent

ARTICLE IV - Management

The Limited Liability Company is to be managed by one manager 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.

John A/Nold, Member