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Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

SUNCOAST TITLE INSURANCES, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$155.00 |

1 of 2

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OF

SUNCOAST TITLE INSURERS, LLC A FLORIDA LIMITED LIABILITY COMPANY

The undersigned hereby certify that we have associated ourselves together for the purpose of becoming a Limited Liability Company under Chapter 608 of the Florida Statutes, providing for the formation, rights, privileges, and immunities of Limited Liability Companies for Profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business for such Limited Liability Company.

<u>ARTICLE I</u>

The name of the Limited Liability Company shall be:

SUNCOAST TITLE INSURERS, LLC

The principal place of business of the Company shall be 18755 Biscayne Boulevard, Aventura, Florida, 33180, but the Company shall have the power and authority to establish branch offices at such place or places as may be designated by the Members.

ARTICLE II

DURATION

This Limited Liability Company shall have a perpetual existence or until dissolved in a manner provided by law, or as provided in the regulations adopted by the Members.

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THIS INSTRUMENT PREPARED BY: MAYNARD J. HELLMAN, ESQUIRE P.O. Box 611987 North Mismi, FL 33261 Phone: (305) 828-4200 Fax: (205) 828-1221

ARTICLE JII

PURPOSES AND POWERS

The general nature of the business to be transacted, and which this Limited Liability Company is authorized to transact, in addition to those authorized by the laws of the State of Florida, and the powers of Limited Liability Companies, shall be as follows:

1. To engage in any activity or business authorized under the Florida Statutes and the laws of the State of Florida.

The foregoing statement of purpose shall be construed as a statement of both purpose and power, and shall be liberally construed in the aid of the powers of this Limited Liability Company, and the power and purpose stated herein shall, in no way limit or restrict the powers granted under the laws of the State of Florida.

ARTICLEIV

MAILING ADDRESS AND

PRINCIPAL PLACE OF BUSINESS

The mailing address and principal office of this Limited Liability Company shall be located at 18755 Biscayne Boulevard, Aventura, Florida 33180.

ARTICLE V

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is 18753 Biscayne Boulevard, Aventura, Florida 33180, and the name of the Registered Agent is MAYNARD J. HELLMAN, ESQUIRE.

ARTICLE VI

The Limited Liability Company shall be a Manager managed company.

The undersigned, being a Member of this Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of Suncoast Title Insurers, L.L.C.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared MAYNARD J. HELLMAN, to me known to be the person described in and who executed the foregoing Articles of Organization, and acknowledged before me that he executed the same, and who produced a driver's license for identification and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this

15th day of June , 2001.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:



CERTIFICATE H 0100074052

| CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE |
|--|
| PURPOSES OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS |
| MAY BE SERVED |
| IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING |
| IS SUBMITTED: |
| THAT SUNCOAST TITLE INSURERS, L.L.C., IS DESIRING TO ORGANIZE OR |
| QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL |
| PLACE OF BUSINESS AT 18755 |
| BISCAYNE BOULEVARD, IN THE CITY OF AVENTURA, STATE OF FLORIDA, HAS |
| NAMED MAYNARD J. HELLMAN, ESQUIRE, 18753 BISCAYNE BOULEVARD, |
| AVENTURA, FLORIDA 33180, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS |
| WITHIN FLORIDA. BY: |
| Having been named to accept services of process for the above stated corporation, |
| at the place designated in this certificate, I hereby agree to act in this capacity, and I |
| further agree to comply with the provisions of all statutes relative to the proper and |
| Signature: MAYNARD T. NELLMAN (Registered Agent) Date: 6-(5-0) |
| C./WEDOCSVAMCorpivariales of Corporalisation descriptions H 0100074052 |

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