City/State/Zip Phone # Corporation Name(s) & DOCUMENT NUMBER(s), (if known): 1. ALLED ABGRACT AND TITLE

(Corporation Name) COMPANY (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Walk in Pick up time Certified Copy ☐ Photocopy ☐ Certificate of Status ☐ Will wait Mail out **NEW FILINGS** AMENDMENTS 400004626894---10/08/01--01050--013 ☐ Profit Amendment ****125.00 ****125.00 Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION ☐ Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 10, 2001

TIM CALLAHAN 5910 BENT PINE DR. #308 ORLANDO, FL 32822

SUBJECT: ALLIED ABSTRACT AND TITLE COMPANY, LLC

Ref. Number: W01000023488

We have received your document for ALLIED ABSTRACT AND TITLE COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 8, 2001. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 901A00056385

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allied Abstract and Title Company, LLC

ARTICLE II - Address:

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

1121 Glen Garry Circle Winter Park, FL 32751

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

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

Tina Callahan 5910 Bent Pine Drive #308 Orlando, FL 32822

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 if am familiar with and accept the obligations of my position as registered agent as provided for incomplete forms.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

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

ARTICLE V - Effective Date

The effect date of the Limited Liability Company is September

Signature of a member

Printed Name

Elsins L. BELL

Printed Name

Parling L. Phillips

(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).

OI OCT 23 AM 8: 56