

Division of Corporations

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L020000013089**Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG

Account Number : 072731001155

Phone : (813) 253-2020

Fax Number : (813) 251-6711

DIVISION OF CORPORATION

02 MAY 29 PM 1:02

RECEIVED

LIMITED LIABILITY COMPANY**Florida Title Insurance, LLC****TB**SECRETARY OF STATE
TALLAHASSEE, FL 32399

02 MAY 29 PM 2:54

APPROVED
AND
FILED

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Florida Title Insurance, LLC

ARTICLE II - Address:

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

1704 S. MacDill Avenue

Tampa, FL 33629

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

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

Byron Gibbs Wilson, Jr.

Name

18921 Avenue BiarritzFlorida street address (P.O. Box NOT acceptable)Lutz, FL 33558

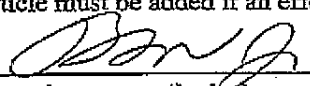
City, State, and Zip

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.


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.

(An additional article must be added if an effective date is requested)


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.)

Byron Gibbs Wilson, Jr., Authorized Representative

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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FILED