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To:

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From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone : {305}634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

ALL FLORIDA TITLE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155,00

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 28, 2002

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ALL FLORIDA TITLE, LLC

REF: W02000025085

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet:

In the articles of organization you must refer to the LLC as Limited Cability Company not Limited Liability Corporation.

If you have any questions concerning the filing of your document, call (850) 245-6020.

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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ALL FLORIDA TITLE, LLC LIMITED LIABILITY COMPANY.

ARTICLE I:

The name of the Limited Liability Company is ALL FLORIDA TITLE, LLC.

ARTICLE IL

The mailing address and the street address of the principle office is:1680 N.E.

135 Street, Second Floor, North Miami, Florida 33181.

ARTICLE III:

The name and address of the registered agent for this Limited Liability Company

ROBERT C. BOWLING 1680 N.E. 135 Street Second Floor North Mismi, Florida 33181

Having been named as registered agent and to scoops service of process for the above state 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 positions as registered agent as provided for in Chapter 608, F.S.

ROBERT C. BOWLING

ARTICLE IV:

ALL FLORIDA TITLE, LLC is to be managed by one or more managers and is, therefore, a manager-managed company.

DATED ON August 26, 2002.

ROBERT C. BOWLING

STATE OF FLORIDA COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 26th day of August, 2002 by ROBERT C. BOWLING, who is personally known by me or has produced

as identification under oath.

My Commission Expires:

