

# L020000022824

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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : ADMIRALS COVE ASSOCIATES, LTD.  
Account Number : I19990000071  
Phone : (561)744-1700  
Fax Number : (561)744-8889

RECEIVED  
02 SEP -4 PM 2:33  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**LEGAL EAGLE TITLE INSURANCE CO., L.C.**

02 SEP -4 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
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Certificate of Status	0
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JB  
9/4/02

**ARTICLES OF ORGANIZATION  
FOR  
LEGAL EAGLE TITLE INSURANCE CO., L.C.  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the limited liability company is **LEGAL EAGLE TITLE INSURANCE CO., L.C.**

**ARTICLE II - Address:**

The mailing address and the street address of the principal office of the limited liability company is:

200 Admirals Cove Blvd.  
Suite 417  
Jupiter, FL 33477

**ARTICLE III - Registered Agent**

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

Sherry Lefkowitz Hyman, Esq.  
200 Admirals Cove Blvd.  
Suite 417  
Jupiter, FL 33477

*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:**

The Limited Liability Company is to be managed by one or more members and is, therefore, a member - managed company.

  
\_\_\_\_\_  
, Member

(In accordance with Section 608.408(3), Fla. Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

02 SEP - 4 PM 3:01

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