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NAME:	LEXINGTON T	FITLE AGENCY,	LLC		<u></u>
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CERTIFI	S OF INCORPORA CATE OF LIMITE S OF ORGANIZAT	D PARTNERSHI	)	÷ · · .	
PLEASE RETURN	THE FOLLOWING	AS PROOF OF I	FILING:		
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company shall be Lexington Title Agency, LLC

## ARTICLE II - Address and Place of Business:

The mailing address and principal place of business for the limited liability Company shall be Lexington Title Agency, LLC, 10138 U.S. 19 Port Richey, Fl. 34668

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

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

Margaret L. Dwver 10138 U.S. 19 Port Richey, Florida 34668

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.

ARTICLE IV - Management

The Limited Liability Company is a manager – managed company. He Manager's name and address: KeyStone Title Agency, Inc. 10138 U.S. 19 Port Richey, Fl. 34668

Authorized signatory of the managing 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.)

Margaret L. Dwyer