

L02000028689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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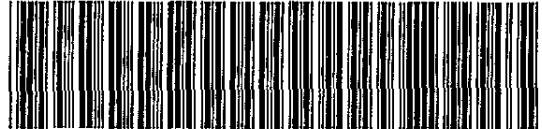
(Business Entity Name)

(Document Number)

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L02-28689
OK



Security First
TITLE AFFILIATES, INC.

October 24, 2002

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization for Security First Title Partners of Kissimmee, LLC.

Dear Sir or Madam:

Enclosed are executed Articles of Organization for a Florida limited liability company. The limited liability company being organized is Security First Title Partners of Kissimmee, LLC. Included is a check for \$130, made payable to Florida Department of State, for the filing fee, designation of Registered Agent, and Certificate of Status.

If any further information is needed, please contact me.

Thank you for your consideration.

Very Truly Yours,

Michael LaRosa
Associate Counsel
Enclosure

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Security First Title Partners of Kissimmee, LLC

ARTICLE II - Address:

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

Mailing: 7360 Bryan Dairy Road, Suite 200, Largo, FL 33777

Street: Bldg. C, Ste. 3, Waterfront Square, 241 East Ruby Ave., Kissimmee, FL 34741

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

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

Douglas Bartle

Name

7360 Bryan Dairy Road, Suite 200

Florida street address (P.O. Box NOT acceptable)

Largo, FL 33777

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

(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.)

Douglas Bartle

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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