

LD3 000005745

(Requestor's Name)

398 Freeman St.

(Address)

Longwood, Fl. 32750

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

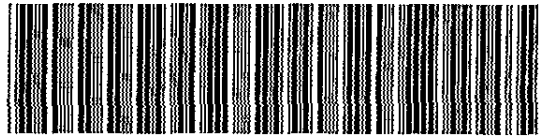
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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OK

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Titlecorp of Florida  
Group 100, L.L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
398 FREEMAN ST. LONGWOOD, FL. 32750

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

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

Robert W. Archie  
Name  
398 FREEMAN ST.  
Florida street address (P.O. Box NOT acceptable)  
Longwood FL 32750  
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.

[Signature]  
Registered Agent's Signature

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

[Signature]  
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.)

William H. JOHNSON  
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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