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PICK-UP	☐ WAIT	MAIL
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45.	ocument Number	<u> </u>
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	
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SECRETARY OF STATE
TALLAHASSEE FLOOR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Titlecorps or Morisa Approves LENSing, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 398 FREEMAN 57. CONIGWOOD FC. 30750
.ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Lobert W. Archie
* Name
398 Freemay ST.
Florida street address (P.O. Box NOT acceptable)
Congwood FL 32750 B T
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.
Jens age
Registered Agent's Signature
(An additional article must be added if an effective date is requested)
My John
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. Hotheson
Typed or printed name of signee

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)