

L03000006143

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000061700 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0393

From:
Account Name : BROAD AND CASSEL (BOCA RATON)
Account Number : 076376001555
Phone : (561) 483-7000
Fax Number : (561) 218-8960

RECEIVED
03 FEB 25 AM 7:51
DIVISION OF CORPORATION

2/25 [Signature]

LIMITED LIABILITY COMPANY

HURRICANE TITLE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED
03 FEB 24 AM 8:11
TALLAHASSEE, FLORIDA

FEB 24 '03 03:12PM BROAD AND CASSEL

Fax Audit Number: H03000061700 8

FILED
03 FEB 24 AM 8:11
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
HURRICANE TITLE SERVICES, LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: HURRICANE TITLE SERVICES, LLC (the "Company").

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 951 Broken Sound Parkway, N.W., Suite 140, Boca Raton, Florida 33487, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company shall be 951 Broken Sound Parkway, N.W., Suite 140, Boca Raton, Florida 33487. The initial registered agent at that address is Edgar A. Benes.

ARTICLE IV

The limited liability company will be a manager-managed company.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization this 24th day of February, 2003.


Edgar A. Benes, Manager

Fax Audit Number: H03000061700 8

Fax Audit No. H03000061700 8

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is HURRICANE TITLE SERVICES, LLC.

SECOND -- The name and address of the registered agent and office is:

Edgar A. Benes
951 Broken Sound Parkway, N.W.
Suite 140
Boca Raton, Florida 33487

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.

Dated this 24th day of February, 2003.


Edgar A. Benes, Registered Agent

Fax Audit Number: H03000061700 8