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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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03 APR 15 AM 8:56
SEALING STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 25, 2003

CAROLYN S. ADEN
SECURITY FIRST TITLE AFFILIATES, INC.
7360 BRYAN DAIRLY ROAD, SUITE 200
LARGO, FL 33777

SUBJECT: HOMEBANC TITLE PARTNERS, LLC
Ref. Number: W03000008498

03 APR 15 AM 8:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HOMEBANC TITLE PARTNERS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Please note that we have also RETAINED your \$130.00 payment.,

Written approval and clearance of the terms BANK, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Office of Financial Institutions, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Name Approval Request" form to be filled out and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and approval letter to the Division of Corporations for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 503A00018113



Security First
TITLE AFFILIATES, INC.

March 20, 2003

FILED
03 APR 15 AM 8:54
STATE
TALLAHASSEE, FLORIDA

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

Re: Articles of Organization for HomeBanc Title Partners, LLC

Dear Sir or Madam:

Enclosed are executed Articles of Organization for a Florida limited liability company. The limited liability company being organized is HomeBanc Title Partners, 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.

Very truly yours,

Carolyn S. Aden
Office Manager

/ca

Attachments



DEPARTMENT OF FINANCIAL SERVICES

FILED
03 APR 15 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 7, 2003

Mr. Douglas W. Bartle
7360 Bryan Dairy Road, #200
Largo, Florida 33777

Dear Mr. Bartle:

Re: HomeBanc Title Partners, LLC

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Department that the above-referenced corporate names are definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

Sincerely,

Linda B. Charity
Deputy Director

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings
Division of Corporations, Secretary of State's Office

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HomeBanc Title Partners, LLC

ARTICLE II - Address:

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

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

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, President of Managing Member

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)

FILED
03 APR 15 AM 8:54
TALLAHASSEE
FLORIDA