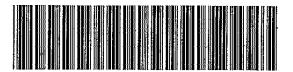
00789-00524-00671 \* Corr. form for LLC\_na

(Requestor's Name)				
(Address)				
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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25.00

MJH

### TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: PROFETTY TITLE	RESEAIZCH LLC.
DOCUMENT NUMBER: LO3000	014849
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
STANLEY SAAC (Name of Person)	
PROPERTY TITLE PESCAR?	CH, CC
P. O. BOX 190194	·
A. HUDEKDALE FL (City/State and Zip Code)	33319
For further information concerning this mat	ter, please call:
STANCEY TSAHE (Name of Person)	at ( 954) 214-9366 (Ared Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314	409 E. Gaines Street Tallahassee, Florida 32399



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 7, 2003

STANLEY ISAAC PROPERTY TITLE RESEARCH, LLC P.O. BOX 190194 FT. LAUDERDALE, FL 33319

SUBJECT: PROPERTY TITLE RESEARCH, LLC

Ref. Number: L03000014849

We have received your document for PROPERTY TITLE RESEARCH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached Articles of Correction for this Limited Liability Company, the form submitted is for a Corporation.

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) 245-6967.

Letter Number: 303A00028300

Michelle Hodges Document Specialist

Division of Cornerations - P.O. ROX 6327 Tallahasson, Florida 32314

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST:	The name of the limited liability company is:	
Pro	PERTY TITLE RESEARCH, LLC	
<u>ŞECO!</u>	ND: The articles of organization or the application to transact business	
(CHI	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  DID NOT WAME AS MEMBER IN THE	-
	ARTICIES OF ORGANIZATION, ALSO	
	TO CHANGE MAILING ADDRESS TO	
(	P.O. BOX 190194 Ft. LAUDERDALE, FL 33319	
!	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:	
•	T., 0	•
•	AZ X	
Dated:	5/16/03 HE Y 22 PM IS	
	Signature of a member or authorized representative of a member	
	_ STANLEY ISAAC	
	Typed of printed name of signee	
	Filing Fee: \$25.00	

Certified Copy:

\$30.00 (optional)

# FILED

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: PROPERTY TITLE RESEARCH, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1166 West NEWPORT CENTER DR., DEERFIELD BEACH, FLORIDA 33442

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

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

STANLEY IS	AAC
Name	e
1166 West NEWPORT CE	NTER DR.,
Florida street address (P.	O. Box <u>NOT</u> acceptable)
DEERFIELD, BEACH,	FL 33442
City, State	e, 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.

(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.)

#### STANLEY ISAAC

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)