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Florida Department of State
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Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
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LIMITED LIABILITY COMPANY

REAL ESTATE TITLE PROFESSIONALS, LLC

Certificate of Status	1
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Page Count	03
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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION
REAL ESTATE TITLE PROFESSIONALS, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is REAL ESTATE TITLE PROFESSIONALS, LLC.

ARTICLE II - Address:

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

460 State Road 436
Suite 102
Casselberry, Florida 32707

ARTICLE III - Management:

The Limited Liability Company is to be managed by a manager or managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member acknowledged them to be my act this 3rd day of June 2003.



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.)

Patt Russell

Typed or printed name of signee

ST. CLAY COUNTY OF FLORIDA
CLERK OF THE COURT
JULIA H. SSEE, FLORIDA

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**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is REAL ESTATE TITLE PROFESSIONALS, LLC.
2. The name and the Florida street address of the registered agent are:

Patt Russell
231 Lake Griffin Circle
Casselberry, Florida 32707

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.


Signature

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