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FAX NO.

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Division of Corporations

**L03000023987**

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

From:

Account Name : MCGUIRE WOODS LLP  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

Owners Assurance Title Agency, Inc.

LLC

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

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Department of State 7/1/2003 1:59 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 1, 2003

MCGUIRE WOODS LLP

SUBJECT: OWNERS ASSURANCE TITLE AGENCY, INC.  
REF: W03000018771

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please remove the INC. from the name.

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) 245-6025.

Trevor Brumbley  
Document Specialist

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**ARTICLES OF ORGANIZATION FOR  
OWNERS ASSURANCE TITLE AGENCY, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**OWNERS ASSURANCE TITLE AGENCY, LLC**

**ARTICLE II - ADDRESS**

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

4949 Blanding Boulevard  
Jacksonville, Florida 32210

**ARTICLE III - REGISTERED AGENT & REGISTERED OFFICE**

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

RAX CO.  
50 North Laura Street, Suite 3300  
Jacksonville, FL 32202

RAX CO., a Florida corporation

By: Sharon R. Henderson  
Sharon R. Henderson, Vice President  
Authorized Representative of 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.)*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF  
REGISTERED AGENT OF  
OWNERS ASSURANCE TITLE AGENCY, LLC**

Pursuant to Chapter 608, Florida Limited Liability Company Act, RAX CO., located at 50 North Laura Street, Suite 3300, Jacksonville, Florida, 32202, having been named as registered agent to accept service of process upon OWNERS ASSURANCE TITLE AGENCY, LLC . hereby accepts the appointment as registered agent, agrees to act in that capacity, and agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties as registered agent, acknowledging hereby that it is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned corporation has caused this Certificate to be executed in Jacksonville, Duval County, Florida on this 30 day of June, 2003.

RAX CO., a Florida corporation  
Registered Agent

By:   
Sharon R. Henderson, Vice President

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