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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

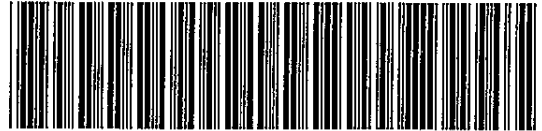
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Security First
TITLE AFFILIATES, INC.

August 7, 2003

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

Re: Articles of Organization for Title Partners of Indian River, LLC

Dear Sir or Madam:

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

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Attachments

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Title Partners of Indian River, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas Bartle

(Name of Person)

Security First Title Affiliates, Inc.

(Firm/Company)

7360 Bryan Dairy Road, Suite 200

(Address)

Largo, FL 33777

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Aden

(Name of Person)

at (727) 549-3326

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Title Partners of Indian River, LLC

ARTICLE II - Address:

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

Principal Office Address:

7360 Bryan Dairy Road, Suite 200

Largo, FL 33777

Mailing Address:

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

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Douglas Bartle,

7360 Bryan Dairy Road, Suite 200

Largo, FL 33777

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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,

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)

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