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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

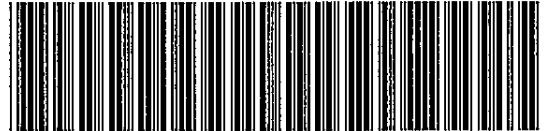
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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BK

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Waveland Title Services

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\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
✓ \_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
✓ \_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: *SW*

*8/22*

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

W-467A/kc

**ARTICLES OF ORGANIZATION  
FOR  
WAVELAND TITLE SERVICES, LLC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article I  
Name**

The name of the Limited Liability Company is:  
**WAVELAND TITLE SERVICES, LLC**

**Article II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is 310 SW Ocean Blvd., Stuart, Florida 34994.

**Article III  
Duration**

The period of duration for the Limited Liability Company shall be perpetual and commence upon the date of filing of these Articles of Organization.

**Article IV  
Management**

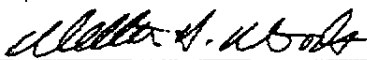
The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager-managed company.

**Article V  
Registered Agent, Registered Office, and Registered Agent's Signature**

The name and the Florida Street address of the registered agent are:  
WALTER G. WOODS  
310 SW Ocean Blvd.  
Stuart, Florida 34994

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 as registered agent as provided for in Chapter 608, Florida Statutes.

  
WALTER G. WOODS

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**Article VI**  
**Admission of Additional Members**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: The admission of new members shall be solely by majority vote (in interest) by the existing members, or as otherwise provided in the Agreement of Operation or Regulations.

**Article VII**  
**Members Rights to Continue Business**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability companies shall be by majority vote of the members.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of WAVELAND TITLE SERVICES, LLC, effective this 14th day of August, 2003.

  
WALTER G. WOODS, Member

STATE OF FLORIDA  
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 14th day of August, 2003, by WALTER G. WOODS, [ ☒ ] who is personally known or [ ☐ ] who has produced \_\_\_\_\_ as identification.

  
Signature of Notary Public  
My Commission Expires:



Kathryn H. Cowdrey  
MY COMMISSION # DD210195 EXPIRES  
July 25, 2007  
BONDED THRU TROY FAIR INSURANCE, INC.