L0300033053

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900022202279

00/29/03-01041--003 **125.00

FILED
2003 AUG 29 AM ID: 30
2013 AUG 29 AM ID: 30

Patricia F. Carroll 8340 Murray Court Sanford, FL 32771 (407) 330-9823

August 28, 2003

Registration Section Division of Corporations 409 E. Gains St. Tallahassee, FL 32399

Re: Articles of Organization - Palm State Title of Florida, LLC

Dear Sir/Madam:

Please find enclosed Articles of Organization for Palm State Title of Florida, LLC to be filed with the State of Florida along with a check in the amount of \$125.00 for processing..

If there are any questions, please feel free to call the number above or contact Mary Jo Gross at 800-999-3470 ext. 230.

Thank you for your assistance.

Sincerely,

Patricia F. Carroll

TRANSMITTAL LETTER

TO:	_	tration Section ion of Corporations	-
SUBJ	ECT:	Palm State Title of Florida,	LLC -
		(Name of Lim	ted Liability Company)
The en	closed	Articles of Organization and fe	e(s) are <u>submitted</u> for filing.
Please	return	all correspondence concerning	this matter to the following:
			this matter to the following:
Patri	cia F.	Carroll	
		(Name of Person)	-
		(Firm/Company)	
8340	Murra	ay Court	
	1010110	(Address)	
Sanfo	ord, Fl	_ 32771	
		(City/State and Zip Code)	
For fur	rther in	formation concerning this matte	r, please call:
		.	<i>,</i> 1
Mary	Jo Gr	ross	at (800) 999-3470 x230
		(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:			MAILING ADDRESS:
_		Section	Registration Section
		orporations s Street	Division of Corporations P.O. Box 6327
		Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Palm State Title of Florida, LLC		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8340 Murray Court Sandord, FL 32771	8340 Murray Court Sanford, FL 32771	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re-	egistered agent are:	
Patricia F. Carroll	是 一	
Name	= 5000	
8340 Murray Court	2555	
Florida street address (P.O	Box NOT acceptable)	
Sanford	FL 32771	
City, State, and Zip		
liability company at the place designated in this c registered agent and agree to act in this capacity	I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and ed agent as provided for in Chapter 608, F.S	

(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 MGR ET Investments, LLC 999 18th Street, Suite 3000 Denver, CO 80202

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

ET INVESTMENTS, LLC

Signature of a member or an authorized representative of a member.

Bryan R. Willis, Senior Vice President
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury

Bryan R. Willis

that the facts stated herein are true.)

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)