

10/16/2003 7:56:59 AM

PAGE 01/02

Division of Corporations Fax Audit No. H03000298518

Page 1 of 1

H03000039856

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000298518 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LLOYD GRANET
Account Number : 074632001025
Phone : (561) 999-9300
Fax Number : (561) 999-9400

LIMITED LIABILITY COMPANY

MSNI TITLE LLC

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

Electronic Filing Menu

Corporate Filing

Public Access Help

Lloyd Granet, Esq. 2295 NW Corporate Boulevard, Suite 235, Boca Raton, FL 33431-7330
Ph. 561-999-9300 Fax 561-999-9400, Florida Bar No. 525431 Fax Audit **H03000298518 3**

RECEIVED
DIVISION OF CORPORATIONS

03 OCT 17 AM 8:05

RECEIVED

03 OCT 17 AM 9:50

JB
10-17-03

Fax Audit No. H03000298518 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I****Name:**

The name of the Limited Liability Company is:
MSNI TITLE LLC

ARTICLE II**Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **20751 State Rd 520, Suite 102, Orlando FL 32833**

ARTICLE III**Registered Agent, Registered Office, & Registered Agent's Signature**

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

Lewis M. Oliver III, Esq., 20751 State Rd 520, Suite 102, Orlando FL 32833

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.


Lewis M. Oliver III, Esq.
Registered Agent's Signature


Lewis M. Oliver III, Esq.

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

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Lewis M. Oliver III, Esq.

Typed or printed name of signee

C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\UETVQSB0\articles.wpd