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CLERK, 11th JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

MATTHEW C LUPTON

9024 CHARLEE STREET

LAKEWORTH FL 33467

HOME 561 964 5723

CELL 954 410 2203

OFFICE 561 620 3202

FAX 561 620 3203

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERVICE FIRST TITLE, 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:

MATTHEW C. LUPTON

(Name of Person)

SERVICE FIRST TITLE, LLC

(Firm/Company)

225 NE MIZNER BOULEVARD, SUITE 300

(Address)

BOCA RATON, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW C. LUPTON

(Name of Person)

at (561) 620-3202

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERVICE FIRST TITLE, LLC

ARTICLE II - Address:

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

Principal Office Address:

225 NE MIZNER BLVD, SUITE 300

BOCA RATON, FL 33432

Mailing Address:

SAME AS PRINCIPAL ADDRESS

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

MATTHEW C. LUPTON

Name

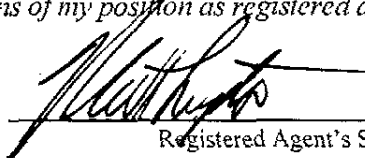
225 NE MIZNER BLVD, SUITE 300

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON, FL 33432 FL

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

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

MGR

MATTHEW C. LUPTON

225 NE MIZNER BLVD, SUITE 300

BOCA RATON, FL 33432

(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.)

MATTHEW C. LUPTON

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)