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(Requestor's Name)		
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(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Office Use Only



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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: NASSAU COUNTY TITLE & ABSTRACT, 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:
Nicholas Vittorio (Jr.) (Name of Person)
Nicholas Vittorio (Jr.)  (Name of Person)  Bonifay Abstract & Title Co.  (Firm/Company)
124 E. Virginia Ave. (Address)
Bonifay, Fl. 32425 (City/State and Zip Code)
For further information concerning this matter, please call:
Nicholas Vittorio at (850 ) 547-2025 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

NASSAU COUNTY TITLE & ABSTRACT, LLC.

#### ARTICLE II - Address:

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

Prin	cina)	Office	Addr	ess:

Mailing A	<u> Address:</u>
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13350 International Parkway	124 E. VirginalAvenue
Suite 100A	Bonifay, F1. 32425
Jacksonville, Fl. 32218	

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

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

Nicholas Vittorio (Jr.)

Name

124 E. Virginia Avenue

Florida street address (P.O. Box <u>NOT</u> acceptable)

Bonifay

FL 32425

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 of provided for in Chapter 608, F.S..

Registered Agent's Signature

(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	Nicholas Vittorio (Jr.) 124 E. Virginia Avenue				
	Bonifay, F1. 32425				
,					
(Use attachment if necessary)					
NOTE: An additional article must be added if an effective date is requested.  REQUIRED SIGNATURE:					
(	1:11 A				
Signature of a member	or an authorized representative of a member.				
(In accordance with section of this document constituent that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury n are true.)				
<u>Nicholas Vit</u> Type	torio (Jr.) d 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)				

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)