

# L03000049780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

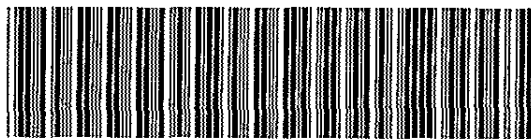
(Document Number)

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

Special Instructions to Filing Officer:

Name Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	DOC
W. P. Verifier	DOC

Office Use Only



900024800119

11/21/03--01067--016 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 21 PM 2:20

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: eClose Title Services, 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:

Van Saliba  
(Name of Person)

Lumbermen's  
(Firm/Company)

701 E Commercial Blvd, 4th Floor  
(Address)

Fort Lauderdale FL 33334-3261  
(City/State and Zip Code)

For further information concerning this matter, please call:

Van Saliba at ( 954 ) 771-2100  
(Name of Person) (Area Code & Daytime Telephone Number)

03 NOV 21 PM 2:20

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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:

eClose Title Services, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

701 E Commercial Blvd

4th Floor

Fort Lauderdale FL 33334-3261

**Mailing Address:**

701 E Commercial Blvd

4th Floor

Fort Lauderdale FL 33334

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

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

Van Saliba

Name

701 E Commercial Blvd, 4th Floor

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

Fort Lauderdale FL 33334-3261 FLORIDA

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 21 PM 2:20

**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

Van Saliba

701 E Commercial Blvd, 4th Floor

Fort Lauderdale FL 33334-3261

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

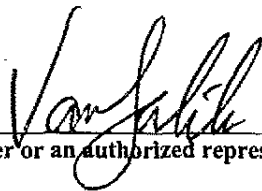
\_\_\_\_\_

\_\_\_\_\_

(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.)

**VAN SALIBA**

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 21 PM 2:20