

LC3000055382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

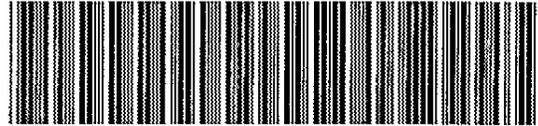
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN DEC 26 2003

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALLSERVICE TITLE GROUP, 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:

MARIO R. DELGADO, ESQ.  
(Name of Person)

MARIO R. DELGADO, P.A.  
(Firm/Company)

2000 PONCE DE LEON BLVD., SUITE 102  
(Address)

CORAL GABLES, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO R. DELGADO at ( 305 ) 774-9210  
(Name of Person) (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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
2003 DEC 15 PM 3:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLSERVICE TITLE GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

7735 NW 146 ST.

SUITE 302

MIAMI LAKES, FL 33016

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:

MARIO R. DELGADO

Name

2000 PONCE DE LEON, BLVD, SUITE 102

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

CORAL GABLES FLORIDA 3313X

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

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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:**

MGRM

MARIO R. DELGADO

2000 PONCE DE LEON BLVD, SUITE 102  
CORAL GABLES, FL 33134

MGRM

ARCIA INVESTMENT GROUP, INC

7735 NW 146 ST., SUITE 302  
MIAMI LAKES, FL 33016

MGRM

NEXT VENTURE PARTNERS LLC

4445 W. 116 AVE., SUITE 200  
MIAMI

MGRM

A. MENDEZ FUTURE, INC.

9953 PINES BLVD.  
PEMBROKE PINES, FL 33024

~~(Use attachment if necessary)~~

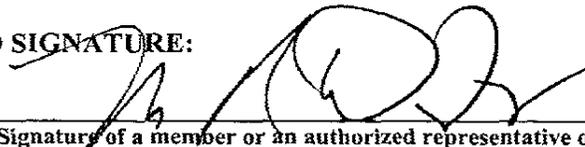
MGRM

E. M. FUTURE, INC.

9953 PINES BLVD.  
PEMBROKE PINES FL 33024

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.)

MARIO R. DELGADO

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)