

Division of Corporations

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

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
TITLE ASSURANCE SERVICES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Handwritten signature/initials and date 2-3-04

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**ARTICLES OF ORGANIZATION
TITLE ASSURANCE SERVICES, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is TITLE ASSURANCE SERVICES, LLC.

ARTICLE II – Address:

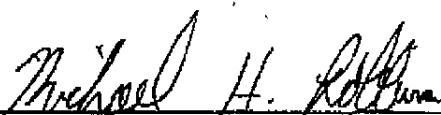
The street and mailing address of the principal office of the Limited Liability Company is:

3402 West Cypress Street, Suite 400
Tampa, Florida 33607

ARTICLE III –Management:

The Limited Liability Company is to be managed by a manager or managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 2nd day of February 2004.



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.)

Michael H. Robbins

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is TITLE ASSURANCE SERVICES, LLC.
- 2. The name and the Florida street address of the registered agent are:

Michael H. Robbins
 Shumaker, Loop & Kendrick, LLP
 101 East Kennedy Blvd.
 Suite 2800
 Tampa, Florida 33602

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.



 Signature

AND
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