

L04000024729

(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:



300030810793

05/23/04--01098--001 \*\*130.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

W. P. Verlyer



## **Fidelity National Title Insurance Company**

5810 West Cypress Street, Suite E, Tampa, FL 33607  
TEL: (813) 289-7777, FAX: (813) 282-4942  
Affiliate Division

March 22, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Articles of Organization for Florida West Title, LLC

Dear Sir or Madam:

Enclosed, please find Articles of Organization for a Florida limited liability company. The limited liability company being organized is Florida West Title, LLC. Included is a check in the amount of \$130, made payable to "Florida Department of State", for the Filing Fee, Designation of Registered Agent, and the Certificate of Status.

If any additional information is required, please do not hesitate to contact me at the above phone number.

Thank you for your consideration.

Sincerely,

Heather Whitacre  
Affiliate Development  
Fidelity National Title

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida West 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:

Heather Whitacre  
(Name of Person)

Fidelity National Title Insurance Company  
(Firm/Company)

C/o Affiliate Division, 5810 West Cypress Street, Suite E  
(Address)

Tampa, FL 33607  
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Whitacre at ( 813 ) 289-7777  
(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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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Florida West Title, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

c/o Affiliate Division

5810 West Cypress Street, Suite E

Tampa, FL 33607

**Mailing Address:**

c/o Affiliate Division

5810 West Cypress Street, Suite E

Tampa, FL 33607

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

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

Fidelity Affiliates, LLC

Name

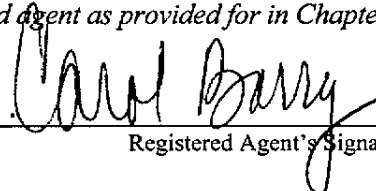
5810 West Cypress Street, Suite E

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

Tampa, FLORIDA 33607

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..*

 - President of Fidelity Affiliates, LLC  
Registered Agent's Signature

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**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:**

MGMR

Fidelity Affiliates, LLC

5810 West Cypress Street, Suite E

Tampa, FL 33607

(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.)

Carol C. Barry, as President of Managing Member

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)

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