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(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOWN & COUNTRY TITLE ASSOCIATES, 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:

DARLENE L. KOENIG  
(Name of Person)

TOWN & COUNTRY TITLE, INC.  
(Firm/Company)

749 Pinetree Dr.  
(Address)

Indian Harbour Beach, FL 32937  
(City/State and Zip Code)

For further information concerning this matter, please call:

Darlene L. Koenig at ( 321 ) 779-9700  
(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  
OF  
TOWN & COUNTRY TITLE ASSOCIATES, LLC**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is:

**TOWN & COUNTRY TITLE ASSOCIATES, LLC**

**ARTICLE II  
ADDRESS**

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

749 Pinetree Dr.  
Indian Harbour Beach, FL 32937

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE  
AND RESIDENT AGENT'S SIGNATURE**

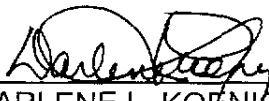
The name and the Florida street address of the registered agent are:

Darlene L. Koenig  
749 Pinetree Dr.  
Indian Harbour Beach, FL 32937

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

NOTARIZED  
ON 10/10/17  
BY  
[Signature]

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.

  
DARLENE L. KOENIG

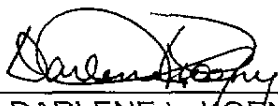
**ARTICLE IV  
MANAGEMENT**

The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address:</u>
MGRM	TOWN & COUNTRY TITLE, INC. 749 Pinetree Dr. Indian Harbour Beach, FL 32937

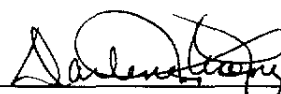
Managing Member:

TOWN & COUNTRY TITLE, INC.,  
a Florida corporation

By:   
DARLENE L. KOENIG, President

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.

Dated at Indian Harbour Beach, Florida, this 7th day of May, 2004.

  
DARLENE L. KOENIG