

L04000042480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

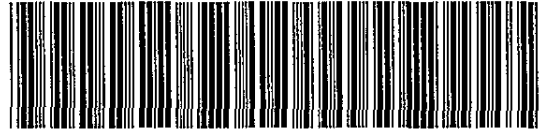
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 7 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suncoast Team 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 - Affiliate Division
(Firm/Company)

5810 W. Cypress Street Ste 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)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**

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MICHIGAN CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Suncoast Team 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 Fidelity Affiliates, LLC

5810 W. Cypress Street Ste E

Tampa, FL 33607

Mailing Address:

c/o Fidelity Affiliates, LLC

5810 W. Cypress Street

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 W. Cypress Street Ste E

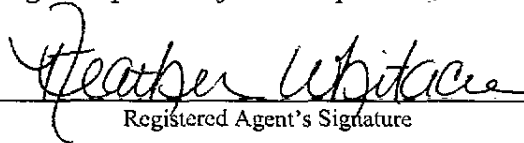
Florida street address (P.O. Box **NOT** acceptable)

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..


Registered Agent's Signature

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 W. Cypress Street Ste E

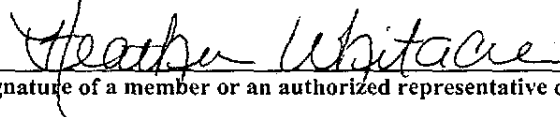
Tampa, FL 33601

(Use attachment if necessary)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.)

Heather Whitacre, VP 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)