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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

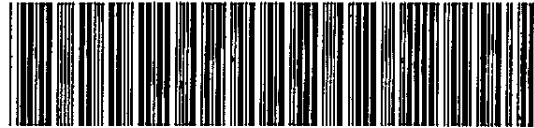
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Entity	
Enclosure	000
Updated	Office Use Only
Updated	2
Adjudgement	1.0
W. P. Verifier	000



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acclaim Title & Services, 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:

Steven R. Medendorp
(Name of Person)

The Vestor Group
(Firm/Company)

104 Sarasota Quay
(Address)

Sarasota, Florida 34236
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven R. Medendorp at (941)308-1177
(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:
Acclaim Title and Services, L.L.C.

ARTICLE II – Address:

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

Principal Office Address:

104 Sarasota Quay
Sarasota, Florida 34236

Mailing Address:

104 Sarasota Quay
Sarasota, Florida 34236

ARTICLE III– Registered Agent, Registered Office, & Registered Agents

Signature:

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

Name Steven R. Medendorp _____

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

Sarasota, Florida 34236
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 designative 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

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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:
MGRM

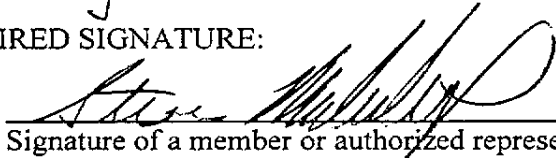
Name and Address:
Todd J. McNally
105 Sarasota Quay
Sarasota, FL 34326

MGRM

Steven R. Medendorp
104 Sarasota Quay
Sarasota, FL 34236

Dated: July 20, 2004.

REQUIRED SIGNATURE:


Signature of a member or 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.)

Steven R. Medendorp
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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SECRETARY OF STATE
TALLAHASSEE, FL

FILED