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DIVISION OF CORPORATIONS

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

Account Name : ADMIRALS COVE ASSOCIATES, LTD.
Account Number : I19990000071
Phone : (561) 744-1700
Fax Number : (561) 744-8889

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

Cove Title Insurance Co., L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
FOR
COVE TITLE INSURANCE CO., L.C.
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the limited liability company is: Cove Title Insurance Co., L.C.

ARTICLE II - Address:

The mailing address and the street address of the principal office of the limited liability company is:

200 Admirals Cove Blvd.
Suite 417
Jupiter, Florida 33477

ARTICLE III - Registered Agent

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

Sherry Lefkowitz Hyman, Esq.
200 Admirals Cove Blvd.
Suite 417
Jupiter, FL 33477

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TALLAHASSEE, FLORIDA

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, F.S.



Registered Agent's Signature

ARTICLE IV - Management:

The Limited Liability Company is to be managed by one or more members and is, therefore, a member - managed company.



, Member

(In accordance with Section 608.408(3), Fla. Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)