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Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone

(813) 229-7600

Fax Number

: (813)229-1660

## LIMITED LIABILITY COMPANY

## AZURE TITLE SERVICES OF SARASOTA

Certificate of Status	ī
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# ARTICLES OF ORGANIZATION AZURE TITLE SERVICES OF SARASOTA, LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is AZURE TITLE SERVICES OF SARASOTA, LLC.

#### ARTICLE II - Address:

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

766 South Osprey Avenue Sarasota, Florida 34236

#### ARTICLE III - Management:

The Limited Liability Company is to be managed by a manager or managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 24<sup>th</sup> day of September 2004.

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.)

Tammy M. Dentici
Typed or printed name of signee

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SEP-28-2004 09:45

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is AZURE TITLE SERVICES OF SARASOTA, LLC.
- 2. The name and the Florida street address of the registered agent are:

Tammy M. Dentici

766 South Osprey Avenue Sarasota, Florida 34236

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.

Signature

