

L04000075551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

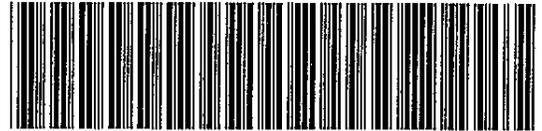
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/18/04--01053--025 \*\*125.00

FILED  
2004 OCT 18 PM 2:22  
DEPT OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN OCT 19 2004

FILED  
2004 OCT 18 PM 2:22  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

October 14, 2004

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Articles of Organization for Florida Limited Liability Company  
Valor Title Services, LLC

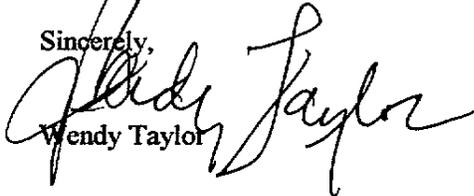
To Whom It May Concern:

Enclosed please find the following documents:

- 1) Transmittal Letter regarding Valor Title Services, LLC
- 2) Articles of Organization for Valor Title Services, LLC
- 3) Check in the amount of \$125.00 for the filing fee and Designation of Registered Agent

Please let me know if you need additional information.

Sincerely,

  
Wendy Taylor

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Valor Title Services, LLC  
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Taylor  
(Name of Person)

Valor Title Services, LLC  
(Firm/Company)

1270 N. Orange Avenue, Suite C  
(Address)

Winter Park, FL 32789  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Taylor at ( 407 ) 645-2233  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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**

2009 OCT 18 PM 2:22  
FLORIDA CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Valor Title Services, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1270 N. Orange Avenue  
Suite C  
Winter Park, FL 32789

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

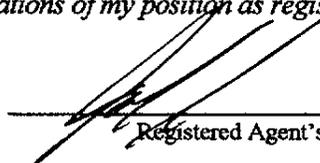
The name and the Florida street address of the registered agent are:

Jack Speaks  
Name

2265 Lee Road, Suite 219  
Florida street address (P.O. Box **NOT** acceptable)

Winter Park FL 32789  
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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Jack Speaks  
8265 Lee Road, Suite 219  
Winter Park, FL 32789

MGRM

Bill Taylor  
1270 N. Orange Avenue, Suite C  
Winter Park, FL 32789

MGRM

Wendy Taylor  
1270 N. Orange Avenue, Suite C  
Winter Park, FL 32789

(Use attachment if necessary)

**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.)

Jack Speaks  
\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)