Division of Corporations
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To:

Division of Corporations

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. . . .

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516) 935-3088

OBSTED TO AN 6:5

LIMITED LIABILITY COMPANY

BayShore National Title and Settlement Services LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

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US- (40) 1 2/10/2005

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name The name of the Limited Liability Cor | npany is: BayShore | National Title and Settlem | ent Services LLC |
|--|---|---|--|
| ARTICLE II - Address The mailing address and street address | s of the principal office o | fthe Limited Liability Company is: | |
| Principal Office Address: | | Mailing Address: | |
| 2022 Siroco Lane | | 2022 Siroco Lane | |
| Melbourne, FL 32934 | | Melhanrne, FI. 32934 | |
| | | | |
| | | 15 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| ARTICLE III - Registered Ag The name and Florida street address of | | ice & Registered Agent's Signate: | ture |
| | Gary Shelton | | |
| | <u> </u> | Name | |
| · | 2022 Siroco La | ne | |
| | (P.O. Box or | Mail Drop Box NOT Acceptable) | |
| | Melbourne, FL | .32934 | |
| | | City / State / Zip) | ASE SE |
| at the place designated in this certificapacity. I further agree to comply | ficate, I hereby accept t with the provisions of a | ice of process for the above stated lithe appointment as registered agent of the proper and the proper and the groups of my position as registered agent. | and agree to act in this complete performance |
| | Registered Agent's Si | gnature - Gary Shelton | |

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| | s) or Managing Member(s): Manager or Managing Member is as follows: | 30000 |
|---|--|-------|
| Title: "MGR"=Manager "MGRM"=Managing Member | Name and Address: | |
| MGRM | Gary Shelton-2022 Siroco Lane, Melbourne, FL 32934 | |
| | | |
| (Use attachment if necessary) | | |
| REQUIRED SIGNATURE: | | |
| Sta- | Hay Shelton | |
| , Signat | ture of a member or authorized representative of a member. | |
| documen | rdance with section 608.408(3), Florida Statutes, the execution of this it constitutes an affirmation under the penalties of perjury that the facts erein are true.) | |
| | Gary Shelton | |
| | Typed or printed name of signee | |

SECREMARY OF STATE