

LB5000017417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

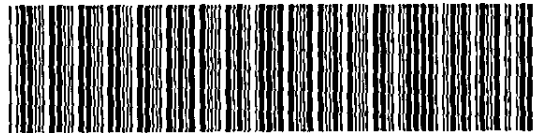
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000046476650

02/17/05--01029--019 *\$160.00

FILED
2005 FEB 17 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LB5-17417
CR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FALISHA TITLE INSURANCE AGENCY, 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:

FALISHA YACOOB

(Name of Person)

FALISHA TITLE INSURANCE AGENCY, LLC.

(Firm/Company)

2665 GINGER MILL BLVD

(Address)

ORLANDO, FLORIDA 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

FALISHA YACOOB

(Name of Person)

at (407)

854 - 3748
(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

FILED
FEB 17 PM 3:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FALISHA TITLE INSURANCE AGENCY, LLC.

ARTICLE II - Address:

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

Principal Office Address:

2665 GINGER MILL BLVD
ORLANDO, FLORIDA 32837

Mailing Address:

2665 GINGER MILL BLVD
ORLANDO, FLORIDA 32837

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

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

FALISHA YACOOB

Name

2665 GINGER MILL BLVD

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

ORLANDO, FL 32837

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

FILED
FEB 17 PM 3:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

FALISHA YACOOB

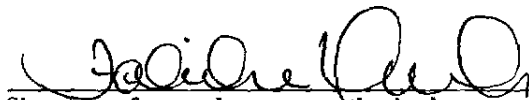
2665 GINGER MILL BLVD

ORLANDO, FLORIDA 32837

(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.)

FALISHA YACOOB

Typed or printed name of signee

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)

FILED
2005 FEB 17 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA