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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	1
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Se Division of Cor				
Marker 0	Other Title Occident 11 O			
SUBJECT: Hectus &	Strause Title Services, LLC (Name of Limited	l Liability Company)		
	(· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	f Organization and fee(s) are su	abmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
John	Brennan			
	(7)	Jame of Person)		
Hectus & Str	ause Title Services, LLC			
	I)	Firm/Company)		
-				
3314 Red A	sh Circle	(Address)		
		(Address)		
	de Electrico			
Ovie	do, Florida 32766	State and Zip Code)	.	
	City	bate and hip codes		
For further information	concerning this matter, please	call:		
			Ħ	
John Brennan		at (407 977-2724	,£8 05	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)	F
Enclosed is a check for	or the following amount:		3 22 Ass	
		CI CISS OF THE FAR 9	\$160.00 Filing F€8,	∯ i
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	Certificate of Status &	ë ë
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
STRE	EET ADDRESS:	MAILING A	DDRESS:	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is:	
Hectus & Strause Title Services, LLC		·
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
3314 Red Ash Circle	3314 Red Ash Circle	
Oviedo, FL 32766	Oviedo, FL 32766	
ARTICLE III - Registered Agent, l	Registered Office, & Registered Agent ess of the registered agent are:	t's Signature:
John Brennan		. = _
	Name	OS F
3314 Red Ash C	irole	AR B
Flor	ida street address (P.O. Box NOT acceptable)	22 Ass
Oviedo, FL 327	66 FL	
	City, State, and Zip	
liability company at the place desi registered agent and agree to act in the statutes relating to the proper and accept the obligations of my position.	tent and to accept service of process for the ignated in this certificate, I hereby accept this capacity. I further agree to comply with complete performance of my duties, and I did not not as registered agent as provided for intered Agent's Signature	the appointment as ith the provisions of all am familiar with and

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manag "MGRM" = Man				
MGR	Randall S. Strause		_	
	804 Stone Creek Parkway, Suite One		_	
	Louisville, KY 40223		-	
MGR	C. Thomas Hectus		_	
	804 Stone Creek Parkway, Suite One		_	
	Louisville, KY 40223		-	
			•	
			=	
			-	
(Use attachment	if necessary)			
NOTE: An add	itional article must be added if an effective date is requested	d.		
REQUIRED SIG	GNATURE:	=		
		SEC ALLA	05 FEB 22	
	Signature of a member or an authorized representative of a member.	HAS	:B 2	5
		SS	N	
	(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.)	E 6 5	PH 4: 03	
	Randall S. Strause) All B	.0	
	Typed or printed name of signee	⋝```	w	

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)