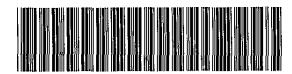
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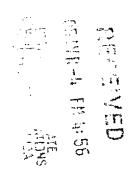
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Special Instructions to F	Filing Officer:
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FLORIDA COMPLIANCE SPECIALISTS, INC.



DAVE TAYLOR, PRESIDENT

2331 Hanson Place Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com

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Examiner's Initials

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CORPORATION	NAME(S) & DOCU	MENT NUMBI	ER(S), (if known): SEE F	
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2. <u>(Co</u>	poration Name)	(Docur	nent #)		wn
3(Cor	poration Name)	(Docum	nent #)		Tarriss ja 1997.
4(Con	poration Name)	(Docum	nent #)		
Walk in	Pick up time 3-	7	Certified Co	ру	
☐ Mail out	Will wait	Photocopy	Certificate o	f Status	· · · · <u>-</u> · ·
NEWFUNGS.	AMENDMEN	TS':			***
Profit	Amendment				
NonProfit	Resignation of R.A	L, Officer/Director			
Limited Liability	Change of Register	red Agent			
Domestication	Dissolution/Withd	rawal			
Other	Merger				
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OTHER FILINGS	REGISTRA QUALIFIC				=
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIA	BILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	o: 15 STATE FLORIBI
First Priority Title Services, LEC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite	d Liability Company is:
Principal Office Address: Mailing Address:	
bog Sandhill Ridge Dr Sam	
ARTICLE III - Registered Agent, Registered Office, & Registered Ag	ent's Signature:
The name and the Florida street address of the registered agent are:	
Adricane L White	
Name	
11011 Lauvel Brook G Florida street address (P.O. Box NOT acceptable)	e)
RWarvicw FL 3351,9 City, State, and Zip	•
City, State, and Lip	

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)

* + 1 2 + 1 ₂

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member male

(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.)

Typed or printed name of signce

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)