

L05000025220

H. B. STIVERS

(Requestor's Name)

LEWINE & STIVERS

(Address)

245 VIRGINIA ST.

(Address)

(B50)

TALLAHASSEE FL 32301 222-6580

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

AMERICO TITLE COMPANY LLC

(Business Entity Name)

(Document Number)

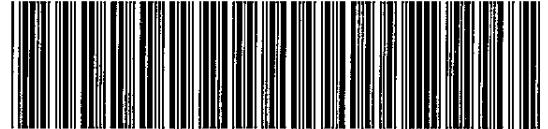
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Call when Ready

222-6580

Office Use Only



100047916861

03/14/05--01002--007 \*\*125.00

RECEIVED  
05 MAR 11 PM 12:08  
FILED  
05 MAR 11 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AMERICO TITLE COMPANY LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

130 N. Tamiami Trail

Suite C

Sarasota, FL 34236

**Mailing Address:**

130 N. Tamiami Trail

Suite C

Sarasota, FL 34236

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

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

Scott Sosso

Name

130 N. Tamiami Trail, Suite C

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

Sarasota

FL

34236

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Scott Sosso

130 N. Tamiami Trail, Suite C

Sarasota, FL 34236

MGR

CASSANDRA GRASSMAN

130 N. TAMIAMMI TRAIL, SUITE C

SARASOTA, FL 34236

(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.)

Scott Sosso

\_\_\_\_\_  
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)**