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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

January 1, 2005

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

SUBJECT: Dutel Title Agency of Florida, LLC

Dear Registration Section:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne D. Jackson  
Dutel Title Agency of Florida, LLC  
4507 Furling Lane  
Suite 110  
Destin, FL 32541

For further information concerning this matter, please call:

Suzanne D. Jackson

at (850) 837-1020

Enclosed is a check for \$130.00 for the Filing and the Certificate of Status.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**MAILING ADDRESS**

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

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**ARTICLES OF ORGANIZATION**

**DUTEL TITLE AGENCY OF FLORIDA, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is **DUTEL TITLE AGENCY OF FLORIDA, LLC.**

**ARTICLE II – Address:**

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

**Principal Office Address:**

4507 Furling Lane  
Suite 110  
Destin, FL 32541

**Mailing Address:**

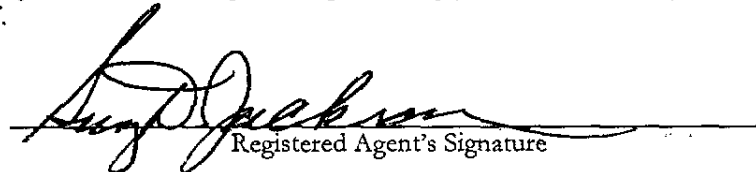
4507 Furling Lane  
Suite 110  
Destin, FL 32541

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature**

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

Suzanne D. Jackson  
Dutel Title Agency of Florida, LLC  
4507 Furling Lane, Suite 110  
Destin, FL 32541

*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

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TALLAHASSEE, FLORIDA

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**ARTICLE IV – Manager(s) or Managing Member(s):**

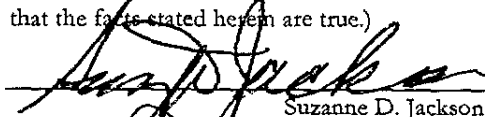
The name and address of each Manager or Managing Member is as follows:

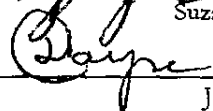
<b>Title:</b> "MGR" = Manager "MGRM" = Managing Member	<b>Name and Address:</b>
MGR	Suzanne D. Jackson 4507 Furling Lane Suite 110 Destin, FL 32541
MGRM	Jodi A Coyne 160 Jackson's Run #F1 Santa Rosa Beach, FL 32459

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

(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.)

  
Suzanne D. Jackson

  
Jodi A. Coyne

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TALLAHASSEE, FLORIDA

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