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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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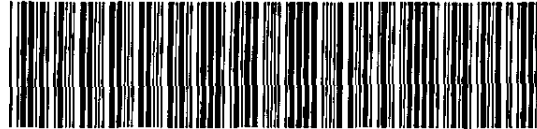
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR 23 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL TITLE OF FLORIDA, 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:

David Dowell
(Name of Person)

David Dowell, P.A.
(Firm/Company)

2295 S. Hiwassee Rd., Suite 406
(Address)

Orlando, FL 32835
(City/State and Zip Code)

For further information concerning this matter, please call:

David Dowell at (407) 296-6310
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
UNIVERSAL TITLE OF FLORIDA, LLC**

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I – NAME

The name of the Limited Liability Company is UNIVERSAL TITLE 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

2295 S. Hiawassee Rd., Ste 406
Orlando, FL 32835

Mailing Address

2295 S. Hiawassee Rd., Ste. 406
Orlando, FL 32835

ARTICLE III – RESIDENT AGENT, OFFICE AND SIGNATURE

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

David Dowell
2295 S. Hiawassee Rd., Suite 406
Orlando, FL 32835

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

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S)

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

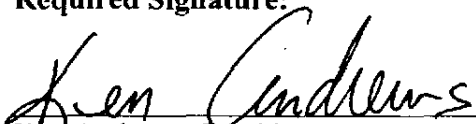
Title

Name and Address

Managing Member

Southern Title Agency, Inc.
2295 S. Hiawassee Rd., Suite 406
Orlando, FL 32835

Required Signature:



Ken Andrews, President

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TALLAHASSEE, FLORIDA