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TRANSMITTAL LETTER

	Registration Se Division of Co			
SUBJEC	CT:	FIRST COAST/AZ	TEC TITLE, LLC	Δ
		(Name of Limited	d Liability Company)	200
The enclo	osed Articles o	f Organization and fee(s) are so	ubmitted for filing.	OS IRR O PAR. 10
Please re	turn all corresp	ondence concerning this matte	r to the following:	
	Patrick H	ł. Weidenbenner		6: 0
			Name of Person)	
	Attorney			
		O	Firm/Company)	
	7037 Her	itage Ridge Road		
			(Address)	
	Talla	hassee, FL 32312		
		(City/	State and Zip Code)	
For firth	ar information	concerning this matter, please	oall:	
roi futui	er miormation	concerning ans matter, please	caii.	
Patrick i	H. Weidenber	nner	at (_850 _) 933-3838	
	(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed	d is a check fo	or the following amount:		
□ \$125.0	00 Filing Fee	Ø \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street		MAILING A Registration Division of G P.O. Box 63	Section Corporations	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
FIRST COAST/AZTE	C TITLE, LLC			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1531 N. Federal Highway	1531 N. Federal Highway			
Lake Worth, FL 33460	Lake Worth, FL 33460			
The name and the Florida street address of the Patrick H. Weidenbenner Na	me registered agent are:			
•	me			
	7037 Heritage Ridge Road			
Tallahassee, FL 32312	address (P.O. Box <u>NOT</u> acceptable)			
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S			

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	John W. Horan
	1531 N. Federal Highway
	Lake Worth, FL 33460
MGRM	Cochise Wadley
	2 South University Drive, Suite 231
	Plantation, FL 33324
	

(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.)

PATRICK H. WEIDENBENNER, Attorney

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)