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ALLAHASSEE FLORIDA



TRANSMITTAL LETTER

TO: Registration S Division of Co			
SUBJECT: LAW		ITLE & ESCRON, LI d Liability Company)	sC
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
Jo A	nn Hoffman, Esqu	ire Name of Person)	
Attorne		n, Moore, Baisder Firm/Company)	ECR II T
4403	West Tradewinds	Avenue (Address)	ASSE I
		e-Sea, Florida 33 State and Zip Code)	FTARY OF STATE AND 1: 35 R 11 PM 1: 35 AND 1: 35 AND 1: 35
For further information	concerning this matter, please	call;	
Juan C. Lau (Nam	reano e of Person)	at (954) 772-2 (Area Code & Daytime To	644 elephone Number)
Enclosed is a check f	or the following amount:		
塔 \$125.00 Filing Fee	☐ \$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)
	EET ADDRESS: stration Section	MAILING A Registration S	

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

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAWYERS' GUARANTY TITLE & ESCROW, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
4403 West Tradewinds Avenue 4403 West Tradewinds Avenue Lauderdale-by-the-Sea, FL 33308 Lauderdale-by-the-Sea, FL 33308			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:			
The name and the Florida street address of the registered agent are:			
Jo Ann Hoffman, Esquire			
Name			
4403 West Tradewinds Avenue			
Florida street address (P.O. Box NOT acceptable)			
Lauderdale-by-the-Sem 33308 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..

(CONTINUED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: H86970
"MGR"	Attorneys Jo. Ann Hoffman, Moore, Baisden, Nelson & Perez, P.A. 4403 W. Tradewinds Avenue Lauderdale-by-the-Sea, FL 33308
•	
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
(In accordance with section	an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution are true.)
Jo Ann Hoffma Typed	n, Esquire 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)