

L05000036591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000050234780

04/11/05--01057--017 **160.00

FILED
05 APR 11 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WL 04/13/05

up

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TITLE ONE, 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:

KIRSTEN E. FRANKLIN

(Name of Person)

TITLE ONE, LLC

(Firm/Company)

401 OCEAN DRIVE, 3120

(Address)

MIAMI BEACH, FLORIDA 33139

(City/State and Zip Code)

FILED
05 APR 11 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KIRSTEN E. FRANKLIN

(Name of Person)

at (305) 534-0454

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TITLE ONE, 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:

401 OCEAN DRIVE

401 OCEAN DRIVE

#312

#312

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

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

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

KIRSTEN E. FRANKLIN

Name

401 OCEAN DRIVE, #312

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

MIAMI BEACH, FL 33139

City, State, and Zip

FILED
05 APR 11 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

KIRSTEN E. FRANKLIN

401 OCEAN DRIVE, #312

MIAMI BEACH, FL 33139

MGRM

ALAIN BRICOURT


3801 N.E. 207 STREET

AVENTURA, FL 33180

(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.)

KIRSTEN E. FRANKLIN

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)

FILED
05 APR 11 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA
ed.