

L05000039626

(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



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04/20/05--01035--016 **130.00

TELEPHONE SERVICE

05 APR 20 PM 12:49

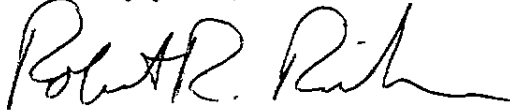
Gainesville Florida
April 18, 2005

Dear Sir or Madame,

Enclosed is a completed registration form for University City Title LLC. Also enclosed is a check for the Filing Fee and Certificate of Status in the amount of \$130.00. This should be all you need to register University City Title LLC as a Florida Limited Liability Company.

However if you have any questions or need additional information my daytime telephone number is (352) 375-1822. If you need anything else please call or contact me at the address below.

Sincerely yours,



Robert R. Richardson

STATE
TALLAHASSEE, FLORIDA

05 APR 20 PM 12:49

Robert R. Richardson
7626 Southwest 51st Boulevard
Gainesville Florida, 32608

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

University City Title LLC

ARTICLE II - Address:

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

Principal Office Address:

7626 SW 51st Blvd
Gainesville FL 32608

Mailing Address:

7626 SW 51st Blvd
Gainesville FL 32608

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

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

Esther Richardson
Name

7626 SW 51st Blvd
Florida street address (P.O. Box **NOT** acceptable)
Gainesville FL 32608
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..

Esther Richardson
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

Robert R. Richardson
7626 SW 51st Blvd.
Gainesville FL 32608

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Robert R. Richardson

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.)

Robert R. Richardson

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)