

LOS000046051

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000117284 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

RECEIVED
05 MAY -9 PM 12:49
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Island Financial Title Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

FILED
2005 MAY -9 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

LOS-46051
je
5/9/2005

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Island Financial Title Services, LLC**

ARTICLE II - Address

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

Principal Office Address:

324 Capri Boulevard

Naples, FL 34113

Mailing Address:

324 Capri Boulevard

Naples, FL 34113

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

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

Benjamin F. Pearson

Name

324 Capri Boulevard

(P.O. Box or Mail Drop Box NOT Acceptable)

Naples, FL 34113

(City / State / 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.


Registered Agent's Signature - Benjamin F. Pearson

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:MGRMIsland Financial Group, LLC- 324 Capri Boulevard, Naples, FL 34113

(Use attachment if necessary)

REQUIRED SIGNATURE:


 Signature of a member or authorized representative of a member.

(In accordance with section 608.408(7), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Benjamin F. Pearson**Authorized Representative, Island Financial Group, LLC**

Typed or printed name of signee

FILED
2005 MAY -9 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA