

L050000 58560

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.

((H05000145788 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 : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239)334-4121  
Fax Number : (239)334-4100

RECEIVED  
05 JUN 13 PM 12:05  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY  
FIRST HOME TITLE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

05 JUN 13 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

FAX AUDIT NO.: H05000145788 3

**ARTICLES OF ORGANIZATION  
OF  
FIRST HOME TITLE, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be FIRST HOME TITLE, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

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

1614 Colonial Boulevard  
Fort Myers, Florida 33907

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company is:

<u>Name</u>	<u>Address</u>
MICHAEL W. LEONARD	1614 Colonial Boulevard Fort Myers, Florida 33907

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the

FAX AUDIT NO.: H05000145788 3

05 JUN 13 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FAX AUDIT NO.: H05000145788 3

names and addresses of the initial Managers who shall serve as the Managers of the Company until their successors are elected and qualified:

<u>Name</u>	<u>Address</u>
MICHAEL W. LEONARD	1614 Colonial Boulevard Fort Myers, Florida 33907
MICHAEL G. FINK	2030 McGregor Boulevard Fort Myers, Florida 33901

**ARTICLE VII-OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being a Member of the Company, has executed these Articles of Organization this 13th day of June, 2005.

  
MICHAEL W. LEONARD, Member

**FILED**  
05 JUN 13 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H05000145788 3

FAX AUDIT NO.: H05000145788 3

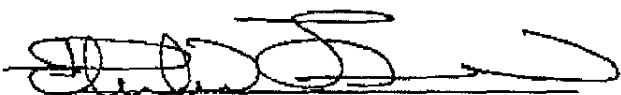
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: FIRST HOME TITLE, LLC.
2. The name and address of the registered agent and office is:

Michael W. Leonard  
1614 Colonial Boulevard  
Fort Myers, Florida 33907

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.

  
MICHAEL W. LEONARD  
Registered Agent

FILED  
05 JUN 13 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H05000145788 3