

JUL-14-2005 16:59

P.01  
Page 1 of 1

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Florida Department of State  
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M. HODGES

To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

LIMITED LIABILITY COMPANY

CPS TITLE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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05 JUL 14 11:02

H05000170721 3

**ARTICLES OF ORGANIZATION  
CPS TITLE, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is CPS TITLE, LLC.

**ARTICLE II - Address:**

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

4109 Del Prado Boulevard  
Cape Coral, FL 33904

**ARTICLE III - Management:**

The Limited Liability Company is to be managed by a manager or managers. The initial manager shall be Executive Title Insurance Services, Inc.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 14<sup>th</sup> day of July, 2005.



\_\_\_\_\_  
Signature of 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.)

\_\_\_\_\_  
Michael H. Robbins

Typed or printed name of signee

H05000170721 3

H05000170721 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **CPS TITLE, LLC.**
2. The name and the Florida street address of the registered agent are:

Michael H. Robbins  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Blvd.  
Suite 2800  
Tampa, Florida 33602

*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.*

  
Signature

H05000170721 3