

L05000071775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

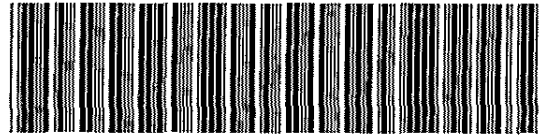
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05 JUL 21 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 JUL 21 AM 10:39

DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 496772 81597A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 21, 2005

ORDER TIME : 9:29 AM

ORDER NO. : 496772-005

CUSTOMER NO: 81597A

CUSTOMER: Jamie B. Greusel, Esq.
Jamie B. Greusel, Esquire

1104 North Collier Boulevard

Marco Island, FL 34145

DOMESTIC FILING

NAME: TITLE TRANSFER SERVICES, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

FILED
05 JUL 21 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TITLE TRANSFER SERVICES, LLC

ARTICLE II - Address:

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

Principal Office Address:

1104 North Collier Blvd.
Marco Island, FL 34145

Mailing Address:

1104 North Collier Blvd.
Marco Island, FL 34145

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

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

JAMIE B. GREUSEL

Name

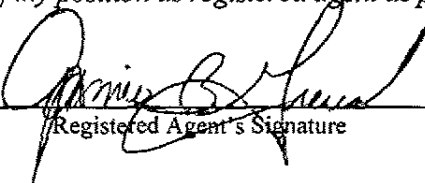
1104 NORTH COLLIER BLVD.

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

MARCO ISLAND FL 34145

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.



Registered Agent's Signature

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Name and Address:

MGRM

Jamie B. Greusel

1104 North Collier Blvd.

Marco Island, FL 34145

(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.)

JAMIE B. GREUSEL

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)