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To:

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From:

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

LIMITED LIABILITY COMPANY

BAYSHORE TITLE PARTNERS OF PINELLAS

Certificate of Status	1
Certified Copy	0
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H05000178471 3

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**ARTICLES OF ORGANIZATION
BAYSHORE TITLE PARTNERS OF PINELLAS, LLC**

2005 JUL 25 P 12: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is BAYSHORE TITLE PARTNERS OF PINELLAS, LLC.

ARTICLE II - Address:

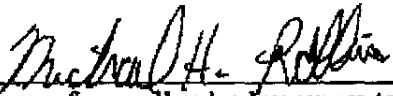
The street and mailing address of the principal office of the Limited Liability Company is:

2935 1st Avenue North
St. Petersburg, Florida 33713

ARTICLE III - Management:

The Limited Liability Company is to be managed by a manager or managers. The initial manager shall be Stewart Title of Pinellas, 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 25th 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

H05000178471 3

H05000178471 3

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

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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 BAYSHORE TITLE PARTNERS OF
PINELLAS, 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

H05000178471 3