## L05000076544

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
SECRETARY OF CORPORATIONS
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## TRANSMITTAL LETTER

TO: Registration Sec Division of Con			·
SUBJECT: IN-TOWN	TITLE		
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
ML HARR	ISON		
•——————	(N	ame of Person)	
IN-TOWN TITLE			
	(F	irm/Company)	
19153 CHEF	RY ROSE CIRCLE	(Address)	
LUTZ,	FL 33558		
	(City/S	State and Zip Code)	
For further information of	concerning this matter, please of	call:	
ML HARRISON		at (813 ) 478-4408 (Area Code & Daytime 7	
(Name	of Person)	(Area Code & Daytime ]	Telephone Number)
Enclosed is a check fo	r the following amount:		
<b>☑</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 2, 2005

ML HARRISON 19153 CHERRY ROSE CIRCLE LUTZ, FL 33558

SUBJECT: IN TOWN TITLE LLC Ref. Number: W05000036482

We have received your document for IN TOWN TITLE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 105A00049837

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

N TOWN TITLE LLC				
ARTICLE II - Address: The mailing address and street ad	idress of the principal office of the Limited L	iability Company		
Principal Office Address:	Mailing Address:			
19153 CHFRRY ROSE CIRCLE	19153 CHERRY ROSE CIRCLE	19153 CHERRY ROSE CIRCLE		
LUTZ, Fl. 33558	LUTZ, FL 33558			
The name and the Florida street a	ddress of the registered agent are:			
The name and the Florida street a	MLHARRISON	SEGRET OS AUG		
	ML HARRISON Name	05 AUG -3		
19153 CHERR	MLH HERISON Name Y ROSE CIRCLE	5 PR		
19153 CHERR	Name Y ROSE CIRCLE Florida street address (P.O. Box NOT acceptable)	5 PR		
19153 CHERR	Name Y ROSE CIRCLE Florida street address (P.O. Box NOT acceptable)			

(CONTINUED)

Registered Agent's Signature

## 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 Membe	Name and Address:
MGRM	ML HARRISON
www.complete.com	
	÷
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
	MtHarvion
	member or an authorized representative of a member.
	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

ML HARRISON

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee