

Florida Department of State
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To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

MTH TITLE OF FLORIDA LLC

Certificate of Status	1
Certified Copy	0
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STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
MTH TITLE OF FLORIDA, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is MTH TITLE OF FLORIDA, 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 26th day of August, 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.)

Nacole Klootwyk

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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 **MTH TITLE OF FLORIDA, LLC.**
2. The name and the Florida street address of the registered agent are:

Nacole Klootwyk
4109 Del Prado Boulevard
Cape Coral, FL 33904

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

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TALLAHASSEE, FLORIDA

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