

LOS000095202

(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:

Office Use Only



800059654728

09/15/05--01021--012 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 15 AM 11:30

N. Culligan SEP 28 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Investitle, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melinda Green
(Name of Person)

(Firm/Company)

6463 Amberjack Terrace
(Address)

Margate, FL 33063
(City/State and Zip Code)

For further information concerning this matter, please call:

Melinda Green at (954) 974-3682
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Investitle, LLC

ARTICLE II - Address:

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

Principal Office Address:

55 NE 5th Avenue
Suite 502
Boca Raton, FL 33432

Mailing Address:

55 NE 5th Avenue
Suite 502
Boca Raton, FL 33432

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

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

Elizabeth Fisher

Name

55 NE 5th Avenue, Suite 502

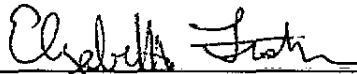
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33432

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 15 AM 11:30

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)

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 Member

Name and Address:

MGR	Michael Camilleri 55 NE 5th Avenue, Suite 502 Boca Raton, FL 33432
MGR	Norman Taplin, Wachovia Bank Building 1555 Palm Beach Lakes Blvd., Suite 1510 West Palm Beach, FL 33401
MGR	Jackson Munsey 405 East Springs Road Columbia, SC 29223
MGR	Stephanie Munsey 405 East Springs Road Columbia, SC 29223

(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.)

Michael Camilleri

Typed or printed name of signer

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)