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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : DAVID A WOLIS, P.A.  
Account Number : I20000000133  
Phone : (305)935-3131  
Fax Number : (305)935-3385

M. HODGES

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

U.S.A. Trust Title

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I. NAME**

The name of the company shall be:

U.S.A. TRUST TITLE, LLC.

**ARTICLE II. ADDRESS**

The address of the principal office of this Limited Liability Company shall be 3550 NW 9<sup>th</sup> Avenue, Fort Lauderdale, Florida 33309-5917 and the mailing address of the corporation shall be 3550 NW 9<sup>th</sup> Avenue, Fort Lauderdale, Florida 33309-5917.

**ARTICLE III. REGISTERED AGENT**

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

David Wolis

The street address of the initial registered office of the company shall be 3550 NW 9<sup>th</sup> Avenue, Fort Lauderdale, Florida 33309.

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 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.

David Wolis

**ARTICLE IV. MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

David Wolis, Member

In accordance with section 608.408(3), FS, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

David Wolis

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