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Special Instructions to Filing Officer:				
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Requestor's Name  1965 Capital Circle NE, Suite A  Address  Tallahassee, FI 32308 850-222-2785  City/St/Zip Phone #  CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):  1- WEST COAST TITLE & CLOSING SERVICES, LLC  2- 3- 4-	A <sup>-</sup>	TTORNEYS' T	ITLE				
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Examiner's Initials

# ARTICLES OF ORGANIZATION

West Coast Title & Closing Services, LLC, a Limited Liability Company

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#### ARTICLE I Name

The name of the Limited Liability Company is: West Coast Title & Closing Services, LLC.

#### ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is: 3080 Tamiami Trail East, Naples, Florida 34112.

#### ARTICLE III Duration

The period of duration for the Limited Liability Company shall be perpetual.

## ARTICLE IV Requirement that the Regulations be in Writing

All Regulations relating to this Limited Liability Company must be in writing and signed by all of the Members.

## ARTICLE V Registered Agent and Office

The Company's initial registered agent and registered office in Florida are: Tracy L. Coghill, 3080 Tamiami Trail East, Naples, Florida 34112.

IN WITNESS WHEREOF, I have signed these Articles this \_\_\_\_\_\_ day of November, 2005.

Tracy L. foghill, Member

#### ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above-stated limited liability company, at the place designated in Article V of these Articles of Organization, the undersigned party hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of his duties.

Dated this \_\_\_\_\_\_ day of November, 2005.

Tracy L. Cognill, Registered Agent