

L05000111305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

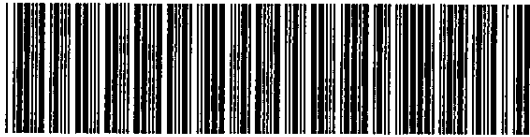
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 NOV 17 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- WEST COAST TITLE & CLOSING SERVICES, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
West Coast Title & Closing Services, LLC,
a Limited Liability Company**

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TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**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.

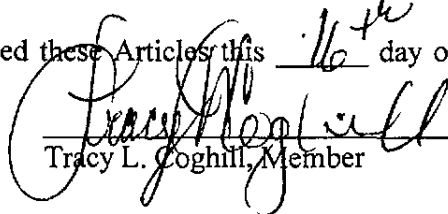
**ARTICLE IV
Requirement that the Regulations be in Writing**

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 16th day of November, 2005.


Tracy L. Coghill, 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 16th day of November, 2005.


Tracy L. Coghill, Registered Agent