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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Addless) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration S Division of Co | | | |
|----------------------------------|----------------------------------|---|--|--|
| SUBJI | ECT: High! | ands County Title, | LLC. d Liability Company) | |
| | | , | | |
| The en | closed Articles o | of Organization and fee(s) are s | ubmitted for filing. | |
| Please | return all corresp | oondence concerning this matte | er to the following: | 至 |
| | | Kristv | Husbands | # J |
| | | | Name of Person) | The state of the s |
| | | emarte | ertitle.com | FLOS |
| | | | Firm/Company) | 75 |
| | 101 Don | ds Edge Drive, S | Sto 300 | |
| | TOTFOIL | us Luge Drive, 3 | (Address) | |
| | | Card DA 40047 | , | |
| | Chadds | Ford PA 19317 | /State and Zip Code) | |
| | | (4-1) | | |
| For fur | ther information | concerning this matter, please | call: | |
| Krist | v Hushan | de | at (610) 388-390 | nn |
| Kristy Husbands (Name of Person) | | (Area Code & Daytime Te | <u>. </u> | |
| | | | | |
| Enclos | ed is a check fo | or the following amount: | | |
| √ \$125 | .00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301 | s |

| ARTICLES OF ORGANIZATION FOR FLO | ORIDA LIMITED LIABILITY COMPANY |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: | ORIDA LIMITED LIABILITY COMPANY I Company" or their abbreviation "LLC," or "L.C.," The second secon |
| Highlands County Title, LLC. (Must end with the words "Limited Liability Company, "Limited | I Company" or their abbreviation "LLC," or "L.C.," |
| ARTICLE II - Address: | D'S |
| The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2365 Highway 27 | 101 Ponds Edge Drive, Ste 300 |
| South Sebring, FL 33870 | Chadds Ford PA 19317 |
| | |
| The name and the Florida street address of the re | |
| Name | |
| 2305 NW 89th D | rive, Apt. 705 |
| | ress (P.O. Box <u>NOT</u> acceptable) |
| Coral Springs City, State, ar | FL 33065 and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S |
| / / | V |

(CONTINUED) Page 1 of 2

· ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: |
|--|---|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| 140014 | |
| MGRM | ANSS-FL, LLC (35%) |
| | 215 Celebration Place, Ste 310 |
| | Celebration, FL 34747 |
| MCD | ANSS-FL, LLC (35%) 215 Celebration Place, Ste 310 Celebration, FL 34747 SmartTitle of Polk, LLC (25%) 218 East Pine Street |
| MGR | SmartTitle of Polk, LLC (25%) 218 East Pine Street |
| | Lakeland FI 33801 |
| | Lanciana I I 0000 I |
| MGR | Highlands County Title Investment Group, LLC (40%) |
| | 2365 Highway 27 |
| | South Sebring, FL 33870 |
| | |
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| | |
| | |
| (Use attachment if necessary) | |
| | |
| CLE V: Effective date, if other than the | date of filing:(OPTIONAL) |
| The state of the s | e specific and cannot be more than five business days p |
| 0 days after the date of filing.) | |
| | |
| | |
| REQUIRED SIGNATURE | · // /) |
| // | |
| Usan | $\bigcap \mathcal{W}_{0}$ |
| / // wh | |

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)

(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.)

Typed or printed name of signee