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J. BRY FEB | 4 2006

COVER LETTER

TO: Registration Solution of Co			
SUBJECT: DYNA	STY TITLE, LLC		
	(Name of Limite	d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
Helen Jack	kson		
	(Name of Person)	
DYNASTY	TITLE, LLC		
	(Firm/Company)	300
4650 Lips	comb Street NE	#34	10000000000000000000000000000000000000
		(Address)	3 5
Palm Bay	, FL 32905		FILED PH 4:5
	(Cîty	/State and Zip Code)	
For further information	concerning this matter, please	call:	ROA
Helen Jackson		at (321) 768-609	<u></u>
(Name	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	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)	\$160.00 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	ons r Circle

ARTICLES OF ORGANIZATION FOR DYNASTY TITLE, LLC, a Florida Limited Liability Company

ARTICLE I

The Name of the Limited Liability Company is DYNASTY TITLE, LLC

ARTICLE II

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

4650 LIPSCOMB STREET NE, SUITE 34 PALM BAY, FLORIDA 32905

ARTICLE III

The name and street address of the Registered Agent is HELEN JACKSON 4650 LIPSCOMB STREET NE, SUITE 34 PALM BAY, FL 32905

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 provision of all statues relating to the proper and complete performance of my duries, and I am familiar with and accept the obligations of my position as registered agent as provided fore in Chapter 108, F. S.

Stonature

ARTICLE IV

The name and address of each Managing Member are as follows:

<u>Title</u> Name and Address

MGRM Terri Hamilton

1048 Fairplay Avenue NW Palm Bay, FL 32907

MGRM Larry Hamilton

1048 Fairplay Avenue NW

Palm Bay, FL 32907

MGRM

David Cozad

223 Stony Point Drive Sebastian, FL 32958

MGRM

Zoila Cozad

223 Stony Point Drive Sebastian, FL 32958

MGRM

Helen Jackson

741 Chelsea Avenue NE Palm Bay, FL 32905

ARTICLE V

CLE V 27, Effective date of corporation is JANUARY 8, 2006.

