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Office Use Only



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04/25/06--11006--018 **130.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

2006 APR 28 P 4: 28

TALLAHASSEE, FLORIDA

May 2, 2006

HAROLD BELLOT 2109 SHOMA DRIVE ROYAL PALM BEACH, FL 33414

SUBJECT: UNITED UNION TITLE CORPORATION, LLC

Ref. Number: W06000020399

We have received your document for UNITED UNION TITLE CORPORATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 806A00031009

May 3, 2006

Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301



Re: W06000020399 / United Union Title, LLC

To: Agnes Lunt

Please correct the name of the company from UNITED UNION TITLE CORPORATION, LLC to <u>UNITED UNION TITLE</u>, <u>LLC.</u> Thank you.

Please call me at 561-422-5080 if you have any other questions.

Sincerely,

Hartold Bellot

COVER LETTER

TO: Registration Sec Division of Cor			FILED
SUBJECT: UNI	(Name of Limited	The LCC Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	TATE FLORIDA
Please return all correspo	endence concerning this matter	to the following:	·
	throco Bello	Hame of Person)	<u>.</u>
	·	Firm/Company)	
210	9 Shoma C	(Address)	
Royi	of Palm Bch, (City)	PI 33414 (State and Zip Code)	
•	concerning this matter, please		14661
(Name of Person)		at (561) 279 (Area Code & Daytime To	elephone Number)
	r the following amount: \$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 · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED I ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 2109 Shoma Drive ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: SW & CT Florida street address (P.O. Box NOT acceptable) NORTH LAUDERON JE FL 33068 City, State, and Zip 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 the provisions of 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..

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Manager The name and address of each Manager				
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: 2006 APR 28 P 4: 28 TALLAHARY OF STATE			
MGRM	HAROLD BELLOT MASSEE, FLORIDA 2109 Shown Drive ROYAL Palm Boh, Pl 33414			
MGRM	Marie Mathims 2109 Shoma Drive Royal Mala Beg, Fl 33414			
MGR	HARLY MCKENZIE 6377 CROWN ISLAND COVE WEST Palm Boby F1 33411			
MGR	Sheron Richards 6377 Crown Island Cove West Palm Beh, Pl 33411			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)				
REQUIRED SIGNATURE:				
Hawlel Bellof Signature of a member or an authorized representative of a member.				
(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.)				
HAROLO Typed	BELLOT or printed name of signee			
Filing Fees:				
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation			