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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Independent Title Agency II, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

INDEPENDENT TITLE AGENCY II, LLC

ARTICLE II ADDRESS

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

3510 SOUTH FLORIDA AVE, SUITE 103A
LAKELAND, FL 33803

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

The name and the Florida street address of the registered agent is:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Signature, Registered Agent

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and s, therefore, a Manager Managed Company.

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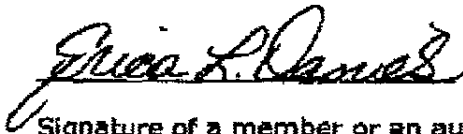
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ARTICLE V

The name(s), address(es), and title(s) of the manager(s):

ERICA DANIELS
MANAGER: P.O. BOX 156
BRADLEY, FLORIDA 33835



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.)

ERICA DANIELS
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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