# 10000096989

(Re	questor's Name)				
(Address)					
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(Cit	y/State/Zip/Phone	e #1			
·	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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DIVISION OF CORPORATIONS
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## **COVER LETTER**

то:	Registration Se Division of Co					
SUBJ	<sub>IECT:</sub> South F	Florida Land Title Inst	itute, L.L.C.			_
			d Liability Compa	ny)		_
The e	nclosed Articles o	f Organization and fee(s) are so	ubmitted for filing	·		
Please	e return all corresp	ondence concerning this matte	er to the following:	:		
	Mark A. Gi		.,			
		()	Name of Person)			
	South Flori	da Land Title Institut	te, L.L.C.			0 40
		(	Firm/Company)			6 CA
	8145 W 28	8th Avenue				いた。
			(Address)			G P
	Hialeah, F	TI 33016				OG OCT -3 PH 2: 02
	-	(City	State and Zip Code	)		02
For fi	arther information	concerning this matter, please	call:			·
Mar	k A. Ginzo, S	Gr	at ( 305	819-269	9	_
	(Name	of Person)	(Area Code	& Daytime T	'elephone Number)	
Encle	osed is a check for	or the following amount:				
<b>□</b> \$12	25.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	· _	\$160.00 Filin Certificate of Sta Certified Copy (additional copy is e	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton B	ourier Address on Section of Corporatio uilding outive Center ee, FL 32301	ons r Circle	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: South Florida Land Title Institute, L.L.C. (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:** 8145 W 28th Avenue - Suite 203 8145 W 28th Avenue - Suite 203 Hialeah, FI 33016 Hialeah, Fl 33016 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: Mark A. Ginzo, Sr Name 8145 W 28th Avenue - Suite 203 Florida street address (P.O. Box NOT acceptable) Hialeah, FI 33016 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 Managing Member(s):

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

	Name and Address:	
"MGR" = Manager		9,5
"MGRM" = Managing Member		06
MGRM	Mark A. Ginzo, Sr	
<del></del>	8145 W 28th Avenue - Suite 203	13 826
,	Hialeah, Fl 33016	
MGR	Maykel Rodriguez	PM 2: 02
MOIN	8145 W 28th Avenue - Suite 203	— ; §
•	Hialeah, Fl 33016	_ ~
		<del></del>
(Use attachment if necessary)		
		PTIONAL)
f an effective date is listed, the date must b	e date of filing: October 1, 2006 . (Ol	,
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f an effective date is listed, the date must b		,
f an effective date is listed, the date must be or 90 days after the date of filing.)		,
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f an effective date is listed, the date must be or 90 days after the date of filing.)  REQUIRED SIGNATURE:		,
f an effective date is listed, the date must be or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb	pe specific and cannot be more than five business of an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	,
REQUIRED SIGNATURE:  Signature of a memb  (In accordance with se of this document cons	pe specific and cannot be more than five business of an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	,

### 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)