

LD6000097002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

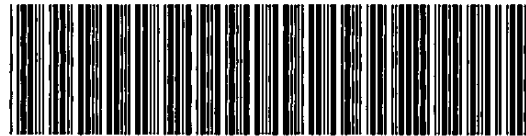
Special Instructions to Filing Officer:

W06-41550

Office Use Only

\$37.50-CF

\$35.00 -CC



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09/20/06--01033--002 **87.50

10/03/06--01003--011 **72.50

FILED
06 OCT -3 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien OCT - 4 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TITLE ONE FLORIDA, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS E. BELL
(Name of Person)

TITLE ONE FLORIDA, LLC
(Firm/Company)

10101 GRANITE BAY DRIVE
(Address)

ORLANDO, FL 32832
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELLE BELL at (407) 230-1992
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2006

THOMAS E. BELL
10101 GRANITE BAY DRIVE
ORLANDO, FL 32832

SUBJECT: TITLE ONE FLORIDA, LLC
Ref. Number: W06000041550

We have received your document for TITLE ONE FLORIDA, LLC. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P97000071069 --- TITLE ONE OF FLORIDA, INC..

Please return the original and one copy of 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) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 606A00056586

September 25, 2006

Loria Poole
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Title One Florida, LLC
Ref No: W06000041550

Dear Ms. Poole:

Enclosed, please find the Articles of Organization for Title One Florida, LLC. I had previously filed the Articles of Incorporation forms in error.

In addition, I have enclosed a check in the amount of \$72.50 (the difference of the fees for filing Articles of Organization for an LLC and Articles of Incorporation). I had previously sent a check in the amount of \$87.50 when the Articles were initially filed, which would make the total amount remitted \$160.00.

If any further information is required, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Bell".

Michelle A. Bell
10101 Granite Bay Drive
Orlando, FL 32832
Tel: (407) 230-1992
Fax: (703) 935-6106

Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TITLE ONE FLORIDA, LLC

(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:

10101 GRANITE BAY DRIVE
ORLANDO, FL 32832

Mailing Address:

10101 GRANITE BAY DRIVE
ORLANDO, FL 32832

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:

THOMAS E. BELL

Name

10101 GRANITE BAY DRIVE

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO

FL 32832

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..



Registered Agent's Signature (REQUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

THOMAS E. BELL

10101 GRANITE BAY DRIVE

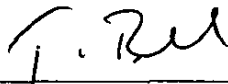
ORLANDO, FL 32832

(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:



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.)

THOMAS E. BELL

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT -3 AM 11:22

FILED

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)