

Division of Corporations

**L06000121247**

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From:  
Account Name : BROAD AND CASSEL (BOCA RATON)  
Account Number : 076376001555  
Phone : (561) 483-7000  
Fax Number : (561) 218-8960

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**M/I TITLE OF LAKE COUNTY, LLC**

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DATE: December 21, 2006

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FROM: MYRHA JADOTTE  
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**MESSAGE:**

Please see attached Articles of Organization for filing. Thank you.

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**ARTICLES OF ORGANIZATION  
OF  
M/I TITLE OF LAKE COUNTY, LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

**ARTICLE I**

The name of this limited liability company shall be: **M/I TITLE OF LAKE COUNTY, LLC.**

**EFFECTIVE DATE**  
12/21/06

**ARTICLE II**

The mailing address and street address of the principal office of the limited liability company shall be 3 Easton Oval, Suite 500, Columbus, Ohio 43219, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

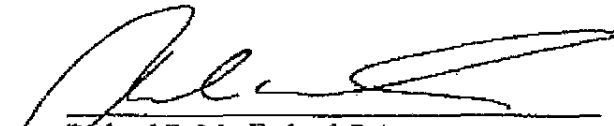
**ARTICLE III**

The initial registered office of this limited liability company is CI Corporation System at 1200 South Pine Island Road, Plantation, FL 33324.

**ARTICLE IV**

This limited liability company shall commence its existence as of the execution hereof on December 21, 2006, and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 21 day of December, 2006.

  
Richard B. MacFarland, P.A.,  
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is M/I TITLE OF LAKE COUNTY, LLC.

SECOND -- The name and address of the registered agent and office is:

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

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.

Dated this 21 day of December, 2006.

CT Corporation System

By: Barbara A. Burke  
Name: \_\_\_\_\_  
Title: Barbara A. Burke  
Special Assistant Secretary

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