

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

EFFECTIVE DATE

12/21/06

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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BOCA RATON, FLORIDA 33434
TELEPHONE: 561.483.7000
FACSIMILE: 561.483.7321
www.broadandcassel.com

TELECOPIER TRANSMITTAL

DATE: December 21, 2006

TO:	COMPANY:	TELECOPIER NO.	CONFIRMATION PHONE NO.
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FROM: MYRTHA 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.

ARTICLE II

EFFECTIVE DATE12/21/06

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.

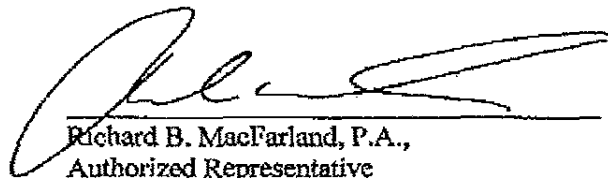
ARTICLE III

The initial registered office of this limited liability company is CT 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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Fax Audit No. H06000299819 3**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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2/10/10044 D.J

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