

607 000100722

Florida Department of
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000244737 3)))



H070002447373ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

omni title, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

07 OCT -3 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

607-100722
al



October 3, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: OMNI TITLE, LLC
REF: W070000488242007 OCT -3 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P05000145827.

Please return 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) 245-6020.

Tammi Cline

FAX Aud. #: H07000244737
P.O BOX 6327 - Tallahassee, Florida 32314



Regulatory Specialist II

Letter Number: 807A00057759

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
2007 OCT -3 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H07000244737

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

OMNI TITLE & ESCROW, LLC

ARTICLE I

**The name of the Limited Liability Company shall be: OMNI TITLE
& ESCROW, LLC**

ARTICLE II

**The Company is organized for any legal and lawful purpose for
which a limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address and street address of the principal office of the
Limited Liability Company: 4792 W. COMMERCIAL BLVD.,
TAMARAC, FLORIDA 33319**

ARTICLE IV

**The name and the Florida street address of the registered agent:
DONNA SCOTT, 4792 W. COMMERCIAL BLVD., TAMARAC,
FLORIDA 33319**

ARTICLE V

The name of the Managing Member(s) shall be: DONNA SCOTT

FILED

2001-1-3 AM 8:35
CLERK OF DISTRICT COURT
TAMARAC, FLORIDA

H07000244737

H07000244737

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

Omni Title & ESCROW, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Donna Scott
[Signature]
Registered Agent

2007 OCT -3 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

[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.)

Donna Scott
Typed or printed name of signee

H07000244737