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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

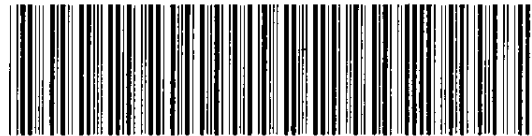
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09 MAY 15 AM 10:44

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 MAY 15 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 15 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 995519 7154760

AUTHORIZATION :

COST LIMIT : \$ 130.00

Sprengleman

FILED
09 MAY 15 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 15, 2009

ORDER TIME : 9:27 AM

PLEASE FILE 2ND

ORDER NO. : 995519-020

CUSTOMER NO: 7154760

DOMESTIC FILING

NAME: SOUTH WALTON TITLE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

SOUTH WALTON TITLE, INC.

May 14, 2009

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

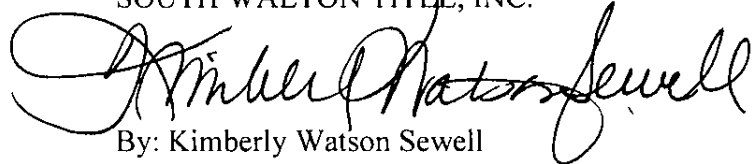
Re: South Walton Title, Inc.

To Whom This May Concern:

The referenced corporation, South Walton Title, Inc., is filing Articles of Amendment with the State of Florida, Division of Corporations, to change the name of the corporation to South Walton Title & Escrow, Inc. under Section 607.1006, Florida Statutes. We have no objection to the formation of South Walton Title, LLC.

Sincerely,

SOUTH WALTON TITLE, INC.

A handwritten signature in black ink, appearing to read "Kimberly Watson Sewell", written over the printed name.

By: Kimberly Watson Sewell
It's Secretary/Treasurer

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

South Walton Title, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

174 Watercolor Way
#314
Seagrove Beach, FL 32459

174 Watercolor Way
#314
Seagrove Beach, FL 32459

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:

Kimberly Watson Sewell

Name

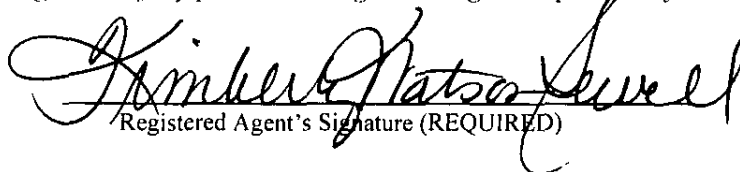
174 Watercolor Way

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

Seagrove Beach 32459 FL

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

(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 of 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.)

Kimberly Watson Sewell

Typed or printed name of signee

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)