

L09000049026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

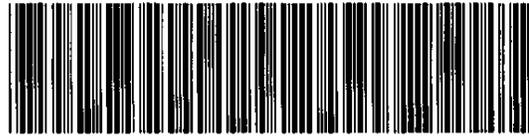
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800155984388

05/19/09--01036--020 **155.00

FILED
09 MAY 19 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 20 2009

EXAMINER

COVER LETTER

FILED
09 MAY 19 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TO: Registration Section
Division of Corporations**

SUBJECT: RETitle, 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:

Frank J. Carmel, Esq.

Name of Person

Carmel & Carmel, P.C.

Firm/Company

5301 Wisconsin Avenue NW, Suite 570

Address

Washington, DC 20016

City/State and Zip Code

fcarmel@carmel.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Metzger

Name of Person

at (**202**) **787-1700**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RETitle, LLC

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

FILED
09 MAY 19 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6131 Lyons Road, Suite 201
Coconut Creek, Florida 33073

6131 Lyons Road, Suite 201
Coconut Creek, Florida 33073

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

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..



Michele Polsky
Assistant VP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
09 MAY 19 PM 1:11
SECRETARY OF STATE
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:

MGRM

REWine, LLC

c/o Carmel & Carmel, P.C.

5301 Wisconsin Avenue NW Ste 570

Washington, DC 20015

(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:

 President REWINE LLC
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.)

Frank J. Carmel

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)