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Office Use Only



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06/18/10--01012--023 **125.00

SECRETARY OF STATE

BIRN OCHUL BIG



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2010

NACOLE KLOOTWYK 27421 LIPPIZZAN TRAIL PUNTA GORDA, FL 33950

SUBJECT: HOMETOWN TITLE SERVICES, L.L.C.

Ref. Number: W10000029577

We have received your document for HOMETOWN TITLE SERVICES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 810A00015249

COVER LETTER

, TO:

TO:	Registration S Division of Co						
SUBJ	ECT: Hometo	wn Title Services, L.L.C Name of Limit	ed Liability Cor	mpany			
			·				
The en	nclosed Articles o	of Organization and fee(s) are	submitted for fi	ling.			
Please	return all corresp	ondence concerning this mat	ter to the follow	ing:			
	Nacole Kloot	ande				e en Oue	r.3
	Tracolo Tricott	мук	Name of Person				
						AND SO	JUN 30
			Firm/Company			1767 T-1	
						711 711 711	AH 18: 97
	27421 Lippizz	zan Trail				95	- (2)
			Address			i di peri	-1
	Punta Gorda,	Fl. 33950					
		Cit	y/State and Zip C	Code			
	nacole1126@						
		E-mail address: (to be used t	or future annual i	report notificatio	n)		
For fu	rther information	concerning this matter, please	e call:				
Nam	le Klootwyk		0/1	,637-020	Դ4		
1400		of Person	_ at (_ 941 Area C	<i>_</i>	Telephone Numb	er	
Enclo	sed is a check for	or the following amount:					
\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified (additional of	•		te of Star Copy	tus &
					(additiona	l copy is c ı	iclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	t/Courier Addr tration Section ion of Corporat in Building Executive Cent nassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	mat		
	Limited Liability Co	ompany is:	
É	Closina		
Hometown Title	Services, LLC	Home town Title ? Limited Liability Company, "L.L.C.," or "LLC.")	Closing Services, LLC
(N	fust end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - A			
The mailing addre	ess and street addres	ss of the principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
27421 Lippizzan Trail		27421 Lippizzan Trail	
Punta Gorda, FŁ. 33950		Punta Gorda, Fl. 33950	
The name and the	Florida street addre	ress of the registered agent are: k Name	2011
	27421 Lippizzai		Com Co
	Flor	rida street address (P.O. Box NOT acceptable)	
	Punta Gorda,	FL 33950	
		City, State, and Zip	
liability compo registered agent of statutes relating	any at the place designed agree to act in the proper and a ligations of my posit	gent and to accept service of process for the signated in this certificate, I hereby accept this capacity. I further agree to comply we complete performance of my duties, and it ion as registered agent as provided for it gent's (Signature (REQUIRED)	ot the appointment as vith the provisions of all I am familiar with and
		(CONTINUED)	

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	ager or Managing Member is as follows: Name and Address:
MGRM	Nacole Klootwyk
	27421 Lippizzan Trail
	Punta Gorda, FL. 33950
	
(I Ise attachment if necessary)	
(Use attachment if necessary) CLEV: Effective date if other than the	ne date of filing: a littly 1. (COM) 2010 (OPTION)
CLE V: Effective date, if other than the effective date is listed, the date must	be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must	
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	be specific and cannot be more than five business da ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees;

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)