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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

J. BRYAN

NOV 1 2 2010

**EXAMINER** 

# **COVER LETTER**

Division of Cor					
<sub>subject:</sub> Land 1	Title Associates,	LLC			
50202011	Name of Limite	ed Liability Compar	ıy	***************************************	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.			
Please return all correspo	ondence concerning this matter	er to the following:			
Michael F	I. Hirsch				
		Name of Person			
Michael H	I. Hirsch, P.A.				
• • • • •		Firm/Company		ALI	5
650 SE 3r	d Avenue			器	0
<del> </del>		Address		SSI	5 F
Eart Laudar	idala Elarida 2220	.1		E OF	I PR
ron Laudei	dale, Florida 3330	/State and Zip Code			<u> </u>
richard@mh	irschlaw.com	·		Rich	الله الله
	E-mail address: (to be used for	or future annual repor	t notification)		
For further information c	oncerning this matter, please	call:			
Richard Schrutt		at (_954)	462-7393		
Name o	f Person	Area Code &	& Daytime Tele	ohone Number	
Enclosed is a check for	the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	y	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is end	ıs &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## Land Title Associates, 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:
650 SE 3rd Avenue	650 SE 3rd Avenue
Fort Lauderdale, Florida 33301	Fort Lauderdale, Florida 33301

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

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:

Micheal H. Hirsch, I	P.A.
N	ame
650 SE 3rd Av	enue
Florida stree	et address (P.O. Box NOT acceptable)
Fort Lauderdale	<sub>FL</sub> 33301
Cit	v State and 7in

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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	nager or Managing Member is as follows:  Name and Address:
MGR	Michael H. Hirsch 650 SE 3rd Avenue Fort Lauderdale, Florida 33301
LE V: Effective date, if other than ffective date is listed, the date mus	the date of filing: (OPTIONAL) at be specific and cannot be more than five business days p
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)  REQUIRED SIGNATURE:	at be specific and cannot be more than five business days p
ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section constitutes an affirmation in I am aware that any false in	the date of filing: (OPTIONAL) at be specific and cannot be more than five business days per or an authorized representative of a member.  603 408(3), Florida Statutes, the execution of this document and the penalties of perjury that the facts stated herein are true. It is in a document to the Department of State alony as provided for in s.817.155, F.S.)

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