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2011 MAR 25 AM 10:43
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 28 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TITLELOGIC L.L.C.
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:

ROXANNE WOOD
Name of Person

TITLELOGIC
Firm/Company

124 6TH STREET SOUTH
Address

ST PETERSBURG, FLORIDA 33701
City/State and Zip Code

ROXANNE.WOOD@TITLELOGICINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROXANNE WOOD at (**727**) **823-7778**
Name of Person 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



3-24-2011

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 MAR 25 AM 10:49

To whom it may concern:

Consent To Use The Name Titlelogic L.L.C.

I, Roxanne Wood and Donald H Wood do hereby authorize and give our approval for the name Titlelogic L.L.C.

Thank you for your time in this matter. If you have any questions please feel free to contact us at 727-823-7778.

Sincerely,

**Roxanne Wood
Vice President
Titlelogic Inc**

**Donald H Wood, Sr
President
Titlelogic Inc.**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TITLELOGIC L.L.C.

(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:

124 6TH STREET SOUTH
ST PETERSBURG, FLORIDA 33701

Mailing Address:

124 6TH STREET SOUTH
ST PETERSBURG, FLORIDA 33701

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:

ROBERT E WOOD

Name

124 6TH STREET SOUTH

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

ST PETERSBURG FL 33701

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 25 AM 10:43

FILED

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..

Robert E Wood

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2011 MAR 25 AM 10:48
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:

MGR

ROXANNE WOOD
1410 CLOVERFIELD DRIVE
BRANDON, FL 33511

MGRM

DONALD H WOOD
7100 ULMERTON RD # 2154
LARGO, FL 33771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/24/2011 (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:

Robert E. Wood

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ROBERT E WOOD

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)