# Electronic Articles of Organization For Florida Limited Liability Company

L11000042297 FILED 8:00 AM April 08, 2011 Sec. Of State tcline

#### Article I

The name of the Limited Liability Company is: ATIF INSURANCE SOLUTIONS, LLC

## **Article II**

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

6545 CORPORATE CENTRE BLVD.

200

ORLANDO, FL. 32822

The mailing address of the Limited Liability Company is:

6545 CORPORATE CENTRE BLVD.

200

ORLANDO, FL. 32822

#### **Article III**

The purpose for which this Limited Liability Company is organized is:

THE SPECIFIC PURPOSE OF ATIF INSURANCE SOLUTIONS, LLC IS TO PROVIDE SERVICES AND PRODUCTS TO MEMBERS OF ATTORNEYS  $\hat{A} \in TM$  TITLE INSURANCE FUND, INC. AND TO THE GENERAL PUBLIC.

# **Article IV**

The name and Florida street address of the registered agent is:

G. THOMAS SMITH 6545 CORPORATE CENTRE BLVD. 200 ORLANDO, FL. 32822

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.

Registered Agent Signature: G. THOMAS SMITH

# **Article V**

The name and address of managing members/managers are:

Title: MGRM

ATTORNEYS' TITLE INSURANCE FUND, A BUS TR 6545 CORPORATE CENTRE BLVD.. SUITE 200

ORLANDO, FL. 32822

Title: MGR

G. THOMAS SMITH

6545 CORPORATE CENTRE BLVD., SUITE 200

ORLANDO, FL. 32822

Title: MGR

MAURI K HAWKINS

6545 CORPORATE CENTRE BLVD., SUITE 200

ORLANDO, FL. 32822

Title: MGR

TIFFANY RIGGS

6545 CORPORATE CENTRE BLVD., SUITE 200

ORLANDO, FL. 32822

## **Article VI**

The effective date for this Limited Liability Company shall be:

04/08/2011

Signature of member or an authorized representative of a member

Electronic Signature: MAURI K. HAWKINS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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