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SEGRETARY OF STATE DIVISION OF CORPORATION

SEP 1 8 2012

T. HAMPTON

# **COVER LETTER**

Division of C		,	
SUBJECT: USCI	R Title, LLC		
		ed Liability Company	<del></del>
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
William E	E. Doyle, Esquire	)	
		Name of Person	
William E	E. Doyle, P.A.		
		Firm/Company	
2121 Co	rporate Square Bo	ulevard, Suite 124	
		Address	
Jacksonvil	le, Florida 32216		
	Cit	y/State and Zip Code	
williamdoyl	eatty@aol.com		
	E-mail address: (to be used t	or future annual report notification)	
For further information	concerning this matter, please	e call:	
William E. Doyle	•	at ( 904 ) 720-0506	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or 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 C Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR'	ricl:	ΕI	- N	an	ne:
The	name	of	the	Li	mite

ed Liability Company is:

USCR Title, 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:** 

645 Mayport Road, Suite 5

Atlantic Beach, Florida 32233

645 Mayport Road, Suite 5 Atlantic Beach, Florida 32233

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:

William E. Doyle, Esquire

Name

2121 Corporate Square Boulevard, Suite 124

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

Jacksonville

 ${}_{FL}\,32216$  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..

gent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	•	
(Use attachment if necessary)		
LE V: Effective date, if other than the	date of filing:	(OPTIONA
ffective date is listed, the date must be days after the date of filing.)	specific and cannot be a	nore than five business day

Signature of a prember 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.)

> William E. Doyle, Esquire 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)