### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222~1092 Fax Number : (850)878~5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

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4 JUN 20 AM 9: 55

# FLORIDA LIMITED LIABILITY CO. Title Alliance of Collier County, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 2 3 2014

6/20/2014

## https://efile.sunbiz.org/scripts/efilcovr.exe

### COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: Title A	Illiance of Callier County, L.I. Name of Li	.C mited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	espondence concerning this π	satter to the following:	
<del>-</del>		Name of Person	
		Firm/Company	
<del></del>		Address	
·	(	City/State and Zip Code	
	E-mail address: (to be use	d for future annual report notific	etion)
For further information	on concerning this matter, ple	ase call:	
	me of Person	Area Code Daytime Te	lephone Number
F-land is a shool of	or the following amount:		•
3 \$125.00 Filing Fee	S130.00 Piling Fee & Certificate of Status	S155.00 Filing Fee & Cortified Copy (additional copy is enclosed)	Ostfo.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	illing Address	Street/Courier Add	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassoo, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company i	ia:
Title Alliance of Collier County, LLC	
(Wast and Milh the Mand	is "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:	Mulling Address:
2 Veterans Square	2 Veterans Square
2nd Floor	2nd Floor
Media PA 19063	Media PA 19063
ARTICLE III - Registered Agent, Registers (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must designate an individual or registration.)
GJ	Corporation System Name
	tamio
1200_	South Pine Island Road
Florida street address	(P.O. Box NOT acceptable)
Plantstio	
City	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 dulies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

C T-Corporation System

Registered Agents Signature (RBQUIRBD)

Ann J. Williams, Assistant Vice President

(CONTINUED)

Page 1 of 2

2014 JUN 20 AM 11: 36 SECRETARY OF STATE . ., --

MGR" = Manager MGR  Lillian M. ReDavid  2 Veterans Square, 2nd Floor Media PA 19063  Use attachment if necessary)  V: Effective date, if other than the date of filing:	[itie: AMBR" = Authorized Member	Name and Address:
Use attachment if necessary)  W: Effective date, if other than the date of filing:		
2 Veterans Square, 2nd Floor Media PA 19063  Use attachment if necessary)  V: Effective date, if other than the date of filing:  the date is listed, the date must be specific and cannot be more than five business days prior to or stilled.)  VI: Other provisions, if any.  VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfury 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.)  Lillian M. ReDavid  Typed or printed name of signee  Pilling Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		I illian M. ReDavid
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