

L14000147731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

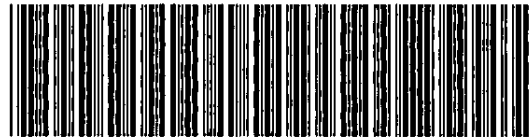
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/18/14--01017--025 **160.00

EFFECTIVE DATE 09-17-14

FILED

2014 SEP 18 PM 12:40
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

B. BOSTICK

SEP 22 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESTORATION TITLE SERVICES, LLC
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:

Michelle A. Smith
Name of Person

Smith Law Group, LLC
Firm/Company

7800 W. Oakland Park Blvd. Suite B304
Address

Sunrise, Florida 33351
City/State and Zip Code

smithlawgroupllc@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle A. Smith at (954) 572-4662
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED
SEP 18 PM 1:11
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RESTORATION TITLE SERVICES, 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:

7800 W. Oakland Park Blvd.
B304
Sunrise, Florida 33351

7800 W. Oakland Park Blvd.
B304
Sunrise, Florida 33351

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:

Michelle A. Smith
Name

7800 W. Oakland Park Blvd., Suite B304
Florida street address (P.O. Box NOT acceptable)

Sunrise FL 33351
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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Michelle A. Smith
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SEP 18 PM 12:40
CLERK OF DISTRICT COURT
FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Michelle A. Smith
7800 W. Oakland Park Blvd., Suite B304
Sunrise, Florida 33351

AMBR

Christopher A. Daly
7800 W. Oakland Park Blvd., Suite B304
Sunrise, Florida 33351

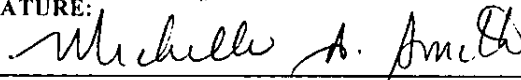
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/17/14 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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 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.)

MICHELLE A. SMITH

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)

SEP 18 2 12 PM
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED