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SECRETARY OF STATE

OCT 2.1 2011 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ivory Title Agency, LLC Name of Lin	mited Liability Company
The enclosed Articles of Organization and fee(s) a Please return all correspondence concerning this m	
Edwin Ferguson	Name of Person
Ivory Title Agency, LLC	Firm/Company
41 W. 27th Street	Address
Riviera Beach, FL 33404	City/State and Zip Code
edwinferguson113@gmail.com E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, ple	
Edwin Ferguson at (at (at (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 & □\$160.00 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	Street/Courier Address Registration Section Division of Corporations Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ivory Title Agency, LLC		
(Must end with the words "Limited L	iability (Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the	e Limited Liability Company is:
Principal Office Address:	<u>Mailin</u>	ng Address:
41 W. 27th Street		
Riviera Beach, FL 33404		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered	
The name and the Florida street address of the registered a	gent are:	:
The Ferguson Firm, PLLC		
Name		
41 W. 27th Street		
Florida street address (P.O. Box 1	NOT acc	ceptable)
Riviera Beach	FI.	33404
City		Zip
Having been named as registered agent and to accept serve the place designated in this certificate. I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging Chapter Registered Agent's Signature.	the appoi fall statu gations o r 605. F.	intment as registered agent and agree to act in this ues relating to the proper and complete performance of my position as registered agent as provided for in
(CONTINUE	D)	
Down Loff		A

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>[itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MBR	Edwin Ferguson
	41 W. 27th Street
	Riviera Beach, FL 33404
Ise attachment if necessary)	
Use attachment if necessary)	
	of filing: (OPTIONAL)
V: Effective date, if other than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
V: Effective date, if other than the date of tive date is listed, the date must be specified.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
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V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature of a men	nber or an authorized representative of a member.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a men (In accordance with section 605)	nber or an authorized representative of a member. .0203 (1) (b), Floyda Statutes, the execution of this document
vi: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under	nber or an authorized representative of a member. .0203 (1) (b), Floyda Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member. .0203 (1) (b), Floyda Statutes, the execution of this document

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)

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