

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000083131

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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
PRESTIGE TITLE AND ESCROW SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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April 4, 2018

LAZARUS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: PRESTIGE TITLE AND ESCROW SERVICES LLC
REF: W18000032072

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: H18000105418
Letter Number: 718A00006777

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LC.")

Prestige TITLE AND ESCROW SERVICES, LLC

ARTICLE II - Address:

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

848 BRICKELL AVE Suite 601

MIAMI FL 33131

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

Daniel Diaz

848 BRICKELL AVE

Suite 601 Miami FL 33131

ARTICLE IV:

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

Daniel Diaz (AMBR)

Gladys Margarita Gonzalez
(AMBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Required Signatures:

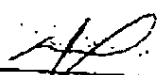

Signature of a member or an authorized representative of a member.

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.817.156, F.S.

DANIEL DSAZ

Typed or printed name of signee

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..


Registered Agent's Signature (REQUIRED)