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ARTICLES OF ORGANIZATION
ESCROW SERVICE SOLUTIONS, LLC
A LIMITED LIABILITY COMPANY

1. **Name.** The name of the limited liability company is Escrow Service Solutions, LLC.
2. **Purpose.** The purpose of this limited liability company is for providing of escrow services and any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principle Office.** The address (mailing and street address) of the registered office of the limited liability company is as follows:

MAILING ADDRESS:
11 North Summerlin Avenue
Suite 125
Orlando, Florida 32801


STREET ADDRESS:
11 North Summerlin Avenue
Suite 125
Orlando, Florida 32801

4. **Term.** The term of this LLC shall be perpetual.
5. **Members at Time of Formation.** There will be one member at the time the limited liability company is formed.
6. **Period of Duration.** The period of duration shall be perpetual.
7. **Management.** Management of the limited liability company at the time of formation shall be by the Manager(s) whose name and address is as follows:

Barry L. Miller , Manager
11 North Summerlin Avenue
Suite 125
Orlando, Florida 32801

8. **Admission of New Members.** With the written unanimous consent of the members, new members may be admitted into the limited liability company upon the payment of such capital contribution and upon such terms as the members unanimously decide. In the even that new members are admitted into the limited liability company, the share of each new member in the profits and losses shall be in such proportion as may be agreed upon between all the members and the new member.

9. **Members Right to Continue Business.** The remaining members of the limited liability company shall have the right to continue business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company as further set forth in the Operating Agreement of the limited liability company.



Barry L. Miller

(In accordance with § 605.0203(1)(b), Fla. Stat., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. We are aware that any false information submitted in a document to the Department of State constitutes a felony of the third degree as provided for in § 817.155, Fla. Stat.)

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE**

Pursuant to the provisions of § 605.0113, Fla. Stat., the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the State of Florida

1. **Name.** The name of the limited liability company is Escrow Service Solutions, LLC.
2. **Registered Office.** The address of the registered office of the limited liability company is 11 North Summerlin Avenue, Suite 125, Orlando, Florida 32801.
3. **Registered Agent.** Barry L. Miller is appointed, and by his signature below accepts appointment, to act as the Registered Agent of Escrow Service Solutions, LLC.

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 provision of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 605, Florida Statutes.



Barry L. Miller, Registered Agent