

L 940000006801  
ALLSTATE TITLE GROUP

ALLSTATE TITLE GROUP  
6474 San Juan Ave.  
Jacksonville, Florida 32210  
904-786-1818  
Fax: 904-786-1918

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-10/08/99--01085--016  
\*\*\*\*285.00 \*\*\*\*125.00

DIVISION OF CORPORATIONS  
409 E. GAINES ST.  
TALLAHASSEE, FL. 32399

ENCLOSED IS 250.00 Filing Fee and 35.00 Designation of Registered agent. If there is any problems please contact Gerald Isaacs @ 904-786-1818.

OR Kim ISAACS

Address: 6474 San Juan Ave.  
Jacksonville, Fl. 32210

Sincerely,

*Gerald Isaacs*

FILED  
99 OCT 15 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W00-23517  
00789/02837/02827/02766/00071

JB  
10-18-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 12, 1999

GERALD ISAACS  
ALLSTATE TITLE GROUP  
6474 SAN JUAN AVE.  
JACKSONVILLE, FL 32210

SUBJECT: ALLSTATE TITLE GROUP, L.L.C.  
Ref. Number: W99000023517

We have received your document for ALLSTATE TITLE GROUP, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please complete and sign the enclosed application for refund, and return it to my personal and confidential attention at the address below.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 299A00049346

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Allstate Title Group, LLC

## ARTICLE II - Address:

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

6474 San Juan Ave.  
Jacksonville, FL 32210

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Kim Isaacs

Name

9857 Cresswell Ln. N.

Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32221

City, State, and 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 608, F.S..*

Kim Isaacs

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested.)

Kim Isaacs

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kim Isaacs

Typed or printed name of signee

## FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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