Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:

CORNERSTONE TITLE INSURANCE AGENCY, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

-08/18/00--01071--012 *****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

□ \$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate of Status

□ \$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

LISA SNEED FROM: Name (Printed or typed)

1750 ROGERO ROAD

Address

JACKSONVILLE, FL 32211

City, State & Zip

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I

The name of the corporation shall be:

CORNERSTONE TITLE INSURANCE AGENCY, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

1750 ROGERO ROAD 32211 JACKSONVILLE, FL

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

REAL ESTATE CLOSINGS

ARTICLE IV SHARES

The number of shares of stock is:

1,000

INITIAL OFFICERS/DIRECTORS (optional) ARTICLE V

The name(s) and address(es):

LISA SNEED

1750 ROGERO ROAD

32211 JACKSONVILLE, FL

REGISTERED AGENT

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

LISA SNEED

1750 ROGERO ROAD

JACKSONVILLE, FL 32211

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

LISA SNEED

1750 ROGERO ROAD

JACKSONVILLE, FL 32211

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

gnature/Incorporator