

TRANSMITTAL LETTER

P01800112759

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

SUBJECT: Security Title Trust, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400004692814--5  
-11/26/01--01041--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed are 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  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Hector A. Feliciano

Name (Printed or typed)

1249 N. Orange Ave

Address

Orlando, FL 32804

City, State & Zip

(407) 422-1000

Daytime Telephone number

FILED  
01 NOV 26 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

11-28-01  
LVC

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: Security Title Trust, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1249 N. Orange Ave.  
Orlando, FL 32804

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

John Parrett, President; 1249 N. Orange Ave., Orlando, FL 32804  
Myrna Passalacqua, Vice-President; 1249 N. Orange Ave., Orlando, FL 32804

## ARTICLE VI REGISTERED AGENT

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

Myrna Passalacqua  
1249 N. Orange Ave  
Orlando, FL 32804

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Myrna Passalacqua  
1249 N. Orange Ave.  
Orlando, FL 32804

\*\*\*\*\*  
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

Myrna Passalacqua  
Signature/Registered Agent

Nov. 14/01  
Date

Myrna Passalacqua  
Signature/Incorporator

Nov. 14/01  
Date

FILED  
01 NOV 26 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA