## POLOGOO3213 TRANSMITTAL LETTER

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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETALL STATE TALLAHASSEE, FLORIDA

900004756109--E -01/07/02--01066--018 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: SECURITY TITLE INSURANCE SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFERX)

\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$\bar{8}7.50\$ Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM:	MYRNA PASSA Name ( 1249 N. OR	4	•
-	ORLANDO, City, S	State & Zip	4

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

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

Daytime Telephone number

G. BLALOCK JAN 1 U 2002

## ARTICLES OF INCORPORATION

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

ARTICLE	T	NAME

The name of the corporation shall be:

Security TITLE INSURANCE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1249 N. ORANGE AUE. ORLANDO, FL 32804

ARTICLE III

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):

ARTICLE VI REGISTERED AGENT

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

MYRNA PASSALACQUA 12/49 N. ORange Ave. ORLANDO, FX 32804

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

PASSALACOUA 1249 N. GRANGE AUC. Ph 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

Signature/Registered Agent

Signature/Incorporator