P02000072958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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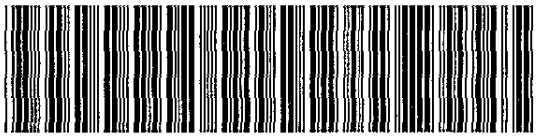

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Superior Title, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000072958

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Lalonde
(Name of Person)

Superior Title, Inc.
(Name of Firm/Company)

5100 North Dixie Highway
(Address)

Fort Lauderdale, FL 33334
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Lalonde at (954) 771-2144
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Milissa Hernandez F/k/A Milissa Falcone, hereby resign as President / Director / owner
(Title)

of Superior Title, Inc.
(Name of Corporation)

P02000072958
(Document Number, if known), a corporation organized under the laws of the State of

Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Signature of resigning officer/director)

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

DATE RETURNED: .....

RECORDED: BOOK ..... PAGE .....

HOWARD C. FORMAN , CLERK OF COURT

BY ....., DEPUTY CLERK

DUPLICATE

ML-CE-04-001776
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
ISMAEL NMN HERNANDEZ,JR			JUN 22, 1975
3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
PEMBROKE PINES	BROWARD	FLORIDA	NEW JERSEY
5a. BRIDE'S NAME (First, Middle, Last)		5b. MAIDEN SURNAME (If different)	6. DATE OF BIRTH (Month, Day, Year)
MILISSA JEAN FALCONE		WEGE	DEC 20, 1973
7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)
PEMBROKE PINES	BROWARD	FLORIDA	NEW YORK

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
▶ Ismael Hernandez Jr.	JUN 10, 2004
11. TITLE OF OFFICIAL	12. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK JOHN SIMMONS	▶
13. SIGNATURE OF BRIDE (Sign full name using black ink)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
▶ Milissa Jean Falcone	JUN 10, 2004
15. TITLE OF OFFICIAL	16. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK JOHN SIMMONS	▶

CIRCUIT & COUNTY COURTS SEAL 17th JUDICIAL CIRCUIT Broward County, Florida

CIRCUIT & COUNTY COURTS SEAL 17th JUDICIAL CIRCUIT Broward County, Florida

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
BROWARD	MAY 10, 2004	MAY 13, 2004	JUL 11, 2004

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
▶	DEPUTY CLERK JOHN SIMMONS	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
06 12 04	DAVIE, FLORIDA

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
▶ Lawrence Roberts	1790 NW 36 Ave, Ft. Lauderdale, FL
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
Lawrence Roberts Commission #DD296671 Expires: Mar 04, 2008 Bonded Thru Atlantic Bonding Co., Inc.	▶ Rosalia Romero
Minister	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
	▶ B. Little

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 28a, 28b, and 28c: 28a. NO. OF THIS MARRIAGE	28b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	28c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
GROOM	024-60-5176	HISPANIC	XX NO ☐ YES	01		
	30. SOCIAL SECURITY NUMBER	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c: 33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
BRIDE	084-66-6650	WHITE	☐ NO XX YES	03	DIVORCE	OCT 01, 2003

Old Form 743 Apr 98 (Replaces Feb 91 edition)

MAY-17-2005 TUE 11:58 PM CHOICE TITLE FAX NO. 9545130625