

# P020000082520

**Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : T20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**FLORIDA PROFTT CORPORATION OR P.A.****LANDMARK TITLE AND TRUST, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

7-30-02  
1107

CAPITAL CONNECTION

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**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:

LANDMARK TITLE and TRUST, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

200 PIERCE STREET, SUITE 2  
TAMPA, FLORIDA 33602

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is

ENGAGING IN THE TITLE INSURANCE BUSINESS  
AND ALL OTHER LAWFUL BUSINESS.

**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 D. HOOKER, PRESIDENT  
200 PIERCE STREET, SUITE 2  
TAMPA, FLORIDA 33602

**ARTICLE VI REGISTERED AGENT**

The name and street address of the registered agent is:

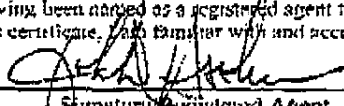
JOHN D. HOOKER  
200 PIERCE STREET, SUITE 2  
TAMPA, FLORIDA 33602

**ARTICLE VII INCORPORATOR**

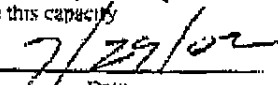
The name and address of the Incorporator is:

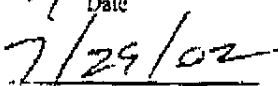
JOHN D. HOOKER  
200 PIERCE STREET, SUITE 2  
TAMPA, FLORIDA 33602

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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