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Tos

Division of Corporations

Fax Number

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Frome

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : T20000000257

Phone

: (850)224-8870

Fax Number

: (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

AMERICAN TITLE INSURANCE COMPANY

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H02000237952 5

ARTICLES OF INCORPORATION

OF



AMERICAN TITLE INSURANCE COMPANY

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is AMERICAN TITLE INSURANCE COMPANY

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 850 Trafalgar Court, Suité 150, Maitland, FL 32751.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

H02000237952 5

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Patricia Hancock, 850 Trafalgar Court, Suite 150, Maitland, FL 32751.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is President/ Secretary/ Treasurer/ Director: Daniel Wallace, 850 Trafalgar Court, Suite 150, Maitland, FL 32751.

The undersigned has executed these Articles of Incorporation this 16th day of December 2002.

"Capital Connection, Inc. by Stacey Legget, Client Representative"

Stacey Leggitt.

H02000237952 5

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

The name of	the corporation is:	MARKICAN I	1166 21830K	ANCE	ינאנט מינט-
				1	
The name an	d street address of ti	ne reciptered agant	and office is:		
	z boltaz		•		
850	TRAFALGAI	R COURT, S	vite 150		
MAIT	TAND, FL	3275	<i>51</i>		

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.