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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CONTRACT

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TRANSMITTAL LETTER

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

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

\$70.00 \$\sum_{\text{S78.75}} \text{Filing Fee} \text{Filing Fee} \text{Filing Fee} \text{Filing Fee} \text{Certificate of & Certified Copy & Certificate} \text{ADDITIONAL COPY REQUIRED}

Name (Printed or typed)

290/ W. Bosch Blod State 1005

Address

Tampa, Fla. 331/8

City, State & Zip

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME

The name of the corporation shall be: Southside Title Co. Inc.

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3511 2nd Ave. South
St Petersburg, Florida 33711

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address: Robert Lyons 2901 W. Busch Blvd Suite # 1005 Tampa, FL. 33612

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of incorporation are: Deborah R. Decker

3511 2nd Ave. South

St Petersburg, Florida 33711

Signature/Incorporator

1-28-03 Pate

(An additional article must be added if an affective date is requested)

Having been named as registered agent and to accept service of process for the above stated 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 status 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.

Signature/Registered Agent

Date