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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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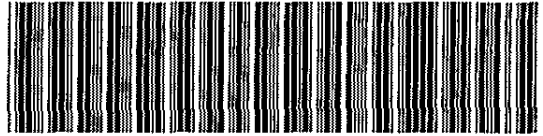
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Handwritten signature]

TRANSMITTAL LETTER

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

SUBJECT: SOUTHERN FLORIDA TITLE INSURANCE COMPANY
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LORI ANN HEDINGER
Name (Printed or typed)

16394 E. WILTSHIRE DR.
Address

LOXAHATCHEE, FLORIDA 33470
City, State & Zip

561-795-8575
Daytime Telephone number

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

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:

SOUTHERN FLORIDA TITLE INSURANCE COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16394 E. WILTSHIRE DR., LOXAHATCHEE, FLORIDA 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Activities shall include, but not be limited to, the sale and issuance of Title Insurance and related products and services and to do all things incidental to such purposes which are not forbidden by law or by these Articles of Incorporation.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of common stock with no par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LORI ANN HEDINGER - PRESIDENT

16394 E. WILTSHIRE DR., LOXAHATCHEE, FLORIDA 33470

ARTICLE VI REGISTERED AGENT

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

SHAWN A. ROARK

16394 E. WILTSHIRE DR., LOXAHATCHEE, FLORIDA 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LORI ANN HEDINGER - PRESIDENT

16394 E. WILTSHIRE DR., LOXAHATCHEE, FLORIDA 33470

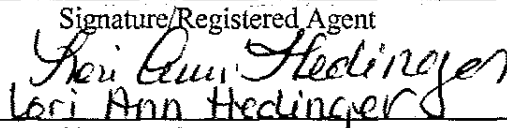
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Shawn A. Roark

Signature/Registered Agent

1-31-03

Date


Lori Ann Hedinger

Signature/Incorporator

1-31-03

Date