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DIVISION OF CORPORATION

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Title Associates, Inc.

Signature

Requested by:

Name

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☒ Art of Inc. File

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**ARTICLES OF INCORPORATION
OF**

Title Associates, Inc.

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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 **Title Associates, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **930 Main Street, Chipley, FL 32428.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having no par value. ☐

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Kristi M. Odom, 1314 Jackson Avenue, Chipley, FL 32428.**

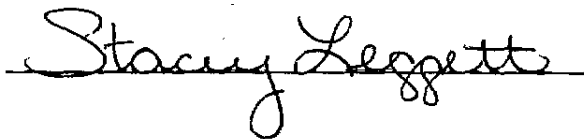
ARTICLE V: INCORPORATOR

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

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of Directors is **President/ Secretary/ Director: Kristi M. Odom, 1200 Duncan Community Road, Chipley, FL 32428.**

The undersigned has executed these Articles of Incorporation this 14th day of November 2003.
Your Capital Connection, Inc., by Stacey Leggett, Client Representative

A handwritten signature in cursive script that reads "Stacey Leggett". The signature is written in dark ink and is positioned above a horizontal line.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for Title Associates, Inc., 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 obligation of my position as registered agent.

Signature: _____

Kristi M. Odom
KRISTI M. ODOM
1314 JACKSON AVENUE
CHIPLEY, FLORIDA 32428

Date: _____

11/5/03

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