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TRANSMITTAL LETTER

Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 In Title, Inc. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$78.75 \$70,00 \$78.75 \$87.50 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Mary J. Thomas FROM: _ Name (Printed or typed) 228 SW Lake Forest Way Address Port St. Lucie, Florida 34986 City, State & Zip 772 812-3517

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

Daytime Telephone number

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:

- In Title, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 228 SW Lake Forest Way Port St. Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Title Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Susan T. Rhodes, Esq., 370 E. Interlake Blvd., Lake Placid, FL 33852, Chief Executive Officer Mary J. Thomas, 228 SW Lake Forest Way, Port St. Lucie, FL 34986, President

ARTICLE VI REGISTERED AGENT

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

Mary J. Thomas, 228 SW Lake Forest Way, Port St. Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary J. Thomas, 228 SW Lake Forest Way, Port St. Lucie, FL 34986

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

Signature/Registered Agent

Mana

Signature/Incorporator

2-25-04 Date

Date

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