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Office Use Only

TRANSMITTAL LETTER

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

SUBJECT:	IFCT: 1st Statewide Title Co.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Martin E. Terrico Name (Printed or typed)		
	4877 Lake Cecile Dr Address		
	Kissimmee, Florida 34746 City, State & Zip		
	407 908 0009 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:

1st Statewide Title Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

215 Celebration Place, Suite 180 Celebration, Florida 34747

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

(300) THREE HUNDRED SHARES

INITIAL OFFICERS AND/OR DIRECTORS

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

D. Mark Lineberry Pres/Dir

215 Celebration Place #190 Celebration, Florida 34747

Becky Buoncervello -Sec./Dir.

215 Celebration Place #190 Celebration, FI 34747

Martin E. Terrico - Tres/Dir 4877 Lake Cecile Dr.

Kissimmee FL 34746

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

D. Mark Lineberry 215 Celebration Place #190 Celebration, FI 34747

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Martin E. Terrico

	141CH (111 E. 1011100	
	4877 Lake Cecile Dr.	
	Kissimmee, FL 34736	
**********	*********	*******
Having been named as registered agent to accept a certificate, I am familiar with and accept the appoin	service of process for the above stated atment as registered agent and agree to	corporation at the place designated in this act in this capacity
DINGS		2/8/05
Signature Begistered Agent		Date
MASC		2/8/15
Signature/Incorporator		/ Date