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(Business Entity Name)

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## COVER LETTER

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

SUBJECT: Stockbridge Title & Escrow, Inc.

(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Mitchell J. Nowack

Name (Printed or typed)

8180 NW 36th Street, Ste. 229

Address

Miami, FL 33166

City, State & Zip

305-698-2265

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:

Stockbridge Title & Escrow, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

8180 NW 36th Street, Ste 229, Miami, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Title Insurance and Escrow Agency

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Mitchell J. Nowack, 8180 NW 36th Street, Ste 229, Miami, FL 33166 - President, Treasurer

Lloyd Teitelbaum, 5 Ames Road, Sudbury, MA 01766 - Vice President, Secretary

**ARTICLE VI REGISTERED AGENT**

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

Mitchell J. Nowack, Esq.  
8180 NW 36th Street, Ste. 229  
Miami, FL 33166

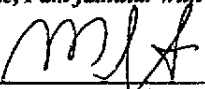
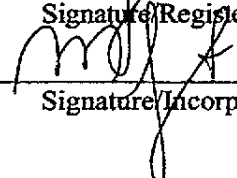
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

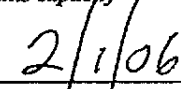
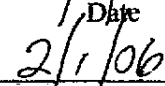
Mitchell J. Nowack, Esq.  
8180 NW 36th Street, Ste. 229  
Miami, FL 33166

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*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  
  
\_\_\_\_\_  
Signature/Incorporator

FILED  
06 FEB 20 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date