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COVER LETTER

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

SUBJECT: Primicias Title and Escro	w, Inc.	
(PROPOSED CORPORAT	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Primicias Title and Escrov	N, Inc. (Printed or typed)	
2200 West Commercia	al Blvd, Suite 102	
Fort Lauderdale, Florida	a 33309 State & Zip	
954-777-3703	alenhone number	

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



March 1, 2006

PRIMICIAS TITLE AND ESCROW, INC. 2200 WEST COMMERCIAL BLVD, SUITE 102 FORT LAUDERDALE, FL 33309

SUBJECT: PRIMICIAS TITLE AND ESCROW, INC.

Ref. Number: W06000009967

We have received your document for PRIMICIAS TITLE AND ESCROW, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Document Specialist New Filing Section

Letter Number: 106A00014278

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:

PRIMICIAS TITLE AND ESCROW, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2200 WEST COMMERCIAL BLVD, SUITE 102 FORT LAUDERDALE, FLORIDA 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE TITLE AGENCY

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dist dame(b), address(es) and speeme mae(s).

MICHAEL O. ALBERTINE, PRESIDENT, SECRETARY, TREASURER AND DIRECTOR

2200 WEST COMMERCIAL BLVD, SUITE 102

FORT LAUDERDALE, FLORIDA 33309

ARTICLE VI REGISTERED AGENT

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

MICHAEL O. ALBERTINE

2200 WEST COMMERCIAL BLVD, SUITE 102

FORT LAUDERDALE, FLORIDA 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL O. ALBERTINE

2200 WEST COMMERCIAL BLVD, SUITE 102

FORT LAUDEBØALE, FLÓRIDA 33309

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

ature/Registered Agent

Signature/Incorporator

124/06 Date 1/26/61

FEB 27 PH 4: 11
PEB 27 PH 4: 11
PARTARY OF STATE
PARTARY OF STATE