

Box 96

10/31/2006 12:35 9048617560

COLEMAN LENDING

PAGE 1 of 1

Division of Corporations

Page 1 of 1

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

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Account Name : COLEMAN LENDING SERVICES, INC.  
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SECRET  
STATE OF FLORIDA  
TALLAHASSEE

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FLORIDA PROFIT/NON PROFIT CORPORATION

LAND TITLE INSURANCE, INC.

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ARTICLES OF INCORPORATION  
OF.  
LAND TITLE INSURANCE, INC.

06 OCT 31 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this corporation is: LAND TITLE INSURANCE, INC.

ARTICLE II

The general nature of the business to be transacted by this corporation is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE III

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is one thousand (1,000) shares of common stock having a par value of \$1.00 per share.

ARTICLE IV

This corporation shall have perpetual existence.

ARTICLE V

The Registered Agent and the street address of the principal office of this Corporation in the State of Florida shall be:

Mariya Y. Zarakhovich  
6821 Southpoint Drive North  
Suite 109  
Jacksonville, FL 32216

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.  
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ARTICLE VI

This Corporation shall have one director initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but shall never be less than one.

ARTICLE VII

The names of the initial director of this Corporation and their street addresses are:

Mariya Y. Zarakhovich  
6821 Southpoint Drive North  
Suite 109  
Jacksonville, FL 32216

The persons named as initial directors shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE VIII

The name and street address of the person signing these Articles of Incorporation as the Incorporator is:

Mariya Y. Zarakhovich  
6821 Southpoint Drive North  
Suite 109  
Jacksonville, FL 32216

ARTICLE IX

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

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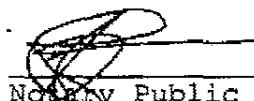
IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the foregoing Articles of Incorporation on the 30 day of October, 2006.

  
Incorporator

STATE OF FLORIDA

COUNTY OF DUVAL

BEFORE ME, a Notary Public, personally appeared Mariya Y. Zarakhovich, to me known to be the person described as Incorporator and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to these Articles of Incorporation on the 30 day of October, 2006.

  
Notary Public

State of Florida at Large  
My commission expires:

(SEAL)



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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

LAND TITLE INSURANCE, INC.

2. The name and address of the registered agent and office is:

Mariya Y. Zarakhovich  
6821 Southpoint Drive North,  
Suite 109  
Jacksonville, FL 32216

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

10/30/06

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