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# Florida Department of State

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Division of Corporations

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Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

# FLORIDA PROFIT/NON PROFIT CORPORATION

all florida title insurance group, inc.

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## FLORIDA DEPARTMENT OF STATE

EMPIRE CORPORATE KIT COMPANY Division of Corporations

SUBJECT: ALL FLORIDA TITLE INSURANCE GROUP, INC.

REF: W07000027665

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## ARTICLES OF INCORPORATION

#### **OF**

# ALL FLORIDA TITLE INSURANCE GROUP, INC.

The undersigned hereby presents these Articles for the formation of a corporation under the laws of the State of Florida.

#### ARTICLE I

#### CORPORATE NAME

The name of this corporation is ALL FLORIDA TITLE INSURANCE GROUP, INC.

The principal place of business and mailing address for the corporation is: 4901 NW 17<sup>TH</sup> Way, Suite

403, Ft. Lauderdale, FL 33309.

#### ARTICLE II

#### **PURPOSE**

The general purpose or purposes for which the corporation is initially organized shall be to engage in the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607 of the Florida General Corporation Act; and the corporation shall have the power to take all action and do all things necessary and proper to carry out the foregoing purposes.

Any and all business related to the title insurance business, whether the transactions involve issuing Any and all business related to real estate conveyancing, financing and abstracting.

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#### ARTICLE III

#### CAPITAL STOCK

The corporation is authorized to issue one hundred (100) shares of common stock having no par value.

#### ARTICLE IV

#### **CORPORATE EXISTENCE**

This corporation shall exist perpetually unless sooner dissolved according to law. The corporation shall be effective as of date of filing.

#### ARTICLE V

#### INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation in the State of Florida is:

4901 NW 17th Way, Suite 403, Ft. Lauderdale, Fl 33309

and the name of the initial registered agent at that address is:

WILLIAM H. BATALLAS

#### ARTICLE VI

#### NUMBER OF DIRECTORS

This corporation shall have two (2) director initially. The number of directors may be increased or decreased from time to time, by the by-laws adopted by the stockholders, but shall never be less than one (1).

#### **ARTICLE VII**

#### INITIAL BOARD OF DIRECTORS AND OFFICERS

The names and addresses of the initial Board of Directors of this Corporation and their offices are:

NAME		N	Α	Λ	1	E
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#### **ADDRESS**

William H. Batallas
President/Treasurer

4901 NW 17th Way, Ste., 403 Ft. Lauderdale, FL 33309

Debbie Donvito Vice President/Secretary 4901 NW 17th Way, Ste., 403 Ft. Lauderdale, FL 33309

#### ARTICLE VIII

#### **SUBSCRIBER**

The name and address of the incorporator is:

**NAME** 

**ADDRESS** 

William H. Batallas President/Secretary 4901 NW 17th Way, Ste., 403 Pt. Lauderdale, FL 33309

### ARTICLE IX

#### CUMULATIVE VOTING FOR DIRECTORS

At all elections of directors of this corporation, each stockholder shall be entitled to as many votes as shall equal the number of shares which he is entitled to vote multiplied by the number of directors to be elected; and he may cast all such votes for a single director, or may distribute them among any number of directors to be elected.

#### ARTICLE X

#### **AMENDMENT**

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 a majority of the stock entitled to vote thereon, unless all the Directors and all the Stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, I, the incorporator, have executed these Articles of Incorporation this // day of June, 2007.

(SEAL)

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STATE OF FLORIDA	)
	) \$\$:
COUNTY OF BROWARD	)

BEFORE ME, the undersigned authority, personally appeared to me, William H. Batallas, well known and known to me to be the individual described in, and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal at Ft. Lauderdale, County of Broward, State of Florida, this // day of June A.D., 2007.

State of Florida at Large

My Commission Expires:

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## CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST--THAT ALL FLORIDA TITLE INSURANCE GROUP, INC. CORPORATE NAME

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS IN THE CITY OF FT. LAUDERDALE, STATE OF FLORIDA, HAS NAMED WILLIAM H. BATALLAS, LOCATED AT 4901 NW 17th Way, Suite 403 FT. LAUDERDALE, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

BY:

William H. Batallas

TITLE.

President

Dated this // day of June, 2007.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

WILLIAM H. BATALLAS

RESIDENT AGENT

Dated this It day of June, 2007.

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