

P08000025199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

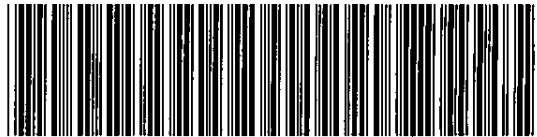
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Office Use Only

2545

W08-3764



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01/22/08--01030--007 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR -7 PM 4:16

3/10/08

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -7 PM 4:16

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

SUBJECT: Mid Florida Title 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: Cathy Lynch
Name (Printed or typed)

1110 Douglas Ave., Suite 3006

Address

Altamonte Springs, FL 32714

City, State & Zip

407-786-4665

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -7 PM 4:16

January 23, 2008

CATHY LYNCH
1110 DOUGLAS AVENUE
SUITE 3006
ALTAMONTE SPRINGS, FL 32714

SUBJECT: MID FLORIDA TITLE INC.
Ref. Number: W08000003764

We have received your document for MID FLORIDA TITLE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 208A00004877

The Title Company of Mid Florida, Inc.

1110 Douglas Avenue
Suite 3006
Altamonte Springs, FL 32714
407-788-4885
Fax 407-788-4883

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -7 PM 4:16

February 29, 2008

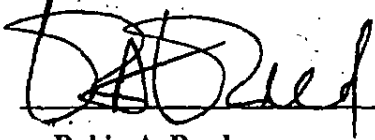
Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Mid Florida Title

To Whom It May Concern:

I hereby authorize the use of the name Mid Florida Title to be used, prior to the expiration date of September 14, 2008. I will not be re-opening my company, thereby releasing the name of Mid-Florida Title Company and any other combinations thereof.
Thank you for your cooperation.

Sincerely,



Robin A. Reed
Registered Agent
Mid-Florida Title Company,
A Dissolved Florida Corporation



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -7 PM 4:16

ARTICLE I NAME

The name of the corporation shall be:

Mid Florida Title Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1110 Douglas Avenue, Suite 3006

Altamonte Springs, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation-Title Insurance Company

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):

Catherine M. Lynch
President/Vice President/Secretary
1110 Douglas Avenue, #3006
Altamonte Springs, FL 32714

ARTICLE VI REGISTERED AGENT

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

William R. Herrman, Esq.
18950 U.S. Highway 441, #101
Mount Dora, FL 32757

ARTICLE VII INCORPORATOR

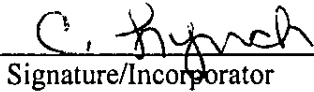
The **name and address** of the Incorporator is:

Catherine M. Lynch
1110 Douglas Avenue, #3006
Altamonte Springs, FL 32714

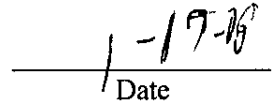
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



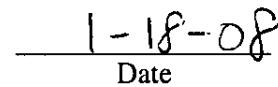
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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