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AND  
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10 JUL 14 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 7/16/10

W 10000000 782



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2010

ESCROW & TITLE INSURANCE INC  
784 U.S. HWY ONE STE #1  
NORTH PALM BEACH, FL 33408

SUBJECT: ESCROW & TITLE SERVICES, INC.  
Ref. Number: W10000000732

We have received your document for ESCROW & TITLE SERVICES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

The registered agent and street address must be consistent wherever it appears in your document.

You must list at least one incorporator with a complete business street address.

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) 245-6869.

Christine Haney  
Senior Clerk  
New Filing Section

Letter Number: 110A00000502

*mc 2/14/10*

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*FIRST REALTY 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: \_\_\_\_\_

*GAYLE M. DIXON*

Name (Printed or typed)

*4590 ORCHID DR*

Address

*TEQUESTA FL 33469*

City, State & Zip

*561-932-1020*

Daytime Telephone number

*GMDIXONP@aol.com*

E-mail address: (to be used for future annual report notification)

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

*you have 89.50 - copy of  
check enclosed - name  
rejected - new name  
previously submitted under  
Socorro Title Insurance Inc.*

**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:

FIRST Realty TITLE INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

784 US Hwy 1, Suite #1  
North Palm Beach, FL 33408

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ESCROW & TITLE SERVICES

**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):

E. MICHAEL YORE  
130 STILLWATER CIR.  
JUPITER, FL 33458

**ARTICLE VI REGISTERED AGENT**

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

GAYLE M. DIXON  
4590 ORCHID DR  
TEQUESTA, FL 33469

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

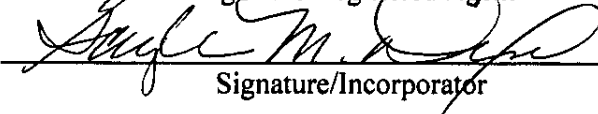
GAYLE M. DIXON  
4590 ORCHID DR  
TEQUESTA, FL 33469

\*\*\*\*\*

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

7-13-10  
\_\_\_\_\_  
Date

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

7-13-10  
\_\_\_\_\_  
Date

10 JUL 14 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED