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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Entry Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

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

SUBJECT: AAA Title Agency and Esc	row Services,	Inc.			
SUBJECT: AAA Title Agency and Escrow Services, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:			
<u> </u>					
\$70.00 \$78.75	\$78.75	\$87.50 Filing Fee,			
Filing Fee Filing Fee & Certificate of Status	LIFiling Fee & Certified Copy	Certified Copy			
& Certificate of Status	& Columba Copy	& Certificate of			
		Status			
	ADDITIONAL C	OPY REQUIRED			
EDOM:					
FROM: <u>James K. McIntyre</u> Name	(Printed or typed)				
16 Sentry Oak Pl Address					
F	Address				
Palm_Coast, FL 32137	1				
City,	State & Zip				
386-931-2506 Daytime Telephone number					
Daytine Telephone namoer					
britanharrison@yahoo.com E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					

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

ARTICLES OF INCORPORATION in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor	NAME poration shall be: AAA Title Agency	and Escr	ow Services, Inc.	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if different is: entry Oak Pl	
_	1452 US Hwy 1	16 Se	entry Oak Pl	
_	Ormond Beach, FL 32174	Palm	Coast, FL 32137	
_			The state of the s	
ARTICLE III	PURPOSE			
	nich the corporation is organized is:			
Title Agen	. CV		THE STATE OF THE S	
TILLE AGEN	Cy		888	
			105 S 174	
ARTICLE IV	SHARES		TATE ORIDE	
The number of shar	es of stock is: 100		D 1	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	,		
Name and Ti	de: James K. McIntyre, Pres.	Name and Title	James K. McIntyre, VP	
Address:	16 Sentry Oak Pl	_ Address:	16 Sentry Oak PI	
	Palm Coast, FL 32137	_	Palm Coast, FL 32137	
		_		
Name and Ti	de:Britan Harrison, Sec.	Name and Title	Britan Harrison, Tres.	
Address:	1452 US Hwy 1		1452 US Hwy 1	
71401433.	Ormond Beach, FL 32174		Ormond Beach, FL 32174	
		37 10014		
	tle:	_ Name and Title Address:	<u> </u>	
Address:		_ Address:		
		_		
		_		
	REGISTERED AGENT			
	rida street address (P.O. Box NOT acceptable) o	f the registered age	ent is:	
Name: Address:	Britan Harrison 5 Zinc Pl	_		
Address:	Palm Coast, FL 32164	_		
	Palm Coasi, FL 32104			
	<u>INCORPORATOR</u>			
	ress of the Incorporator is:			
Name:	James K. McIntyre			
Address:	16 Sentry Oak Pl Palm Coast, FL 32137	_		
	Palm Coast, FL 32137	_		
	d as registered agent to accept service of proces n familiar with and accept the appointment as reg			
12 A	Ala.		A 5 11	
1 Sular	Required Signature/Registered Agent		<u></u>	
	Required Signature/Registered Agent		Date	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
11	um l-		10-11	
Jame	o K. M. Jetye		4-5-11 Data	