P14000078555

| (Requestor's Name) | | | | |
|-------------------------|-------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | ļ | | |
| | | | | |





800263437668

09/22/14--01006--008 **70.00

14 SEP 22 PH 2: 28

COVER LETTER

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

· · · ·

| SUBJECT: SEC | CURED TITLE G | ROUP, INC. | |
|----------------------|--|-------------------------------------|---------------------------|
| SUBJECT. | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> I | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation and | l a check for: |
| ■ \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | & Certificate o Status |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: | ERRENCE ROL | JSE e (Printed or typed) | |
| 46 | 30 SOUTH KIR | | SUITE 23 |
| 0 | RLANDO, FL 3 | Address 2811 , State & Zip | |
| | Daytime | Felephone number | |
| | E-mail address: (to be use | ed 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)

| The name of the corpora | SECURED TITLE | GROUP, INC. | |
|--|---|-----------------------------------|--|
| ARTICLE II PRINCIPAL OFFICE Principal street address 4630 SOUTH KIRKMAN RD | | Mailing address, if different is: | |
| SUITE 234 | | | |
| ORLANDO, F | FL 32811 | | |
| ARTICLE III PUR The purpose for which t | POSE he corporation is organized is: QUALI | TY ASSURANCE | |
| | | | a Visian 14 SEP |
| ARTICLE IV SHA The number of shares of | stock is: | | PRED TAKE OF STATE CORPORATIONS 2? PM 2: 28 |
| | TERRENCE ROUSE | Name and Title: | |
| Address | 4630 S. KIRKMAN RD. SUITE 234 ORLANDO, FL 32811 | Address: | |
| Name and Title: | | Name and Title: | |
| Address | | | |
| Name and Title: | | | |
| Address | | | |
| | | | |

| Name and | Title: | Name and Title: |
|--|--|--|
| Address | | Address: |
| ARTICLE VI | REGISTERED AGENT | |
| The <u>name and Flo</u> | orida street address (P.O. Box NOT acceptable) of | the registered agent is: |
| Name: | TERRENCE ROUSE | |
| Address: | 4630 s. kirkman rd. suite 23 | |
| | ORLANDO, FL 32811 | |
| ARTICLE VII | INCORPORATOR dress of the Incorporator is: | |
| THE HAIDE AND AU | TERRENCE ROUSE | |
| Name: | | |
| Address: | 4630 SKIRKMAN RD. SL | |
| | ORLANDO, FL 32811 | |
| Having been nam this certificate, I a | ed as registered agent to accept service of process in familiar with and accept the appointment as regi | for the above stated corporation at the place designated in stered agent and agree to act in this capacity 09/18/2014 |
| | Required Signature/Registered Agent | Date |
| I submit this docu document to the D | ment and affirm that the facts stated herein are t epartment of State constitutes a third degree felony | rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S. |
| | Tom Them | 09/18/2014 |
| | Required Signature/Incorporator | Date |