

6/1/23, 9:28 AM

Division of Corporations

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**P23000042328**

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : OLIVE JUDD, P.A.

Account Number : I20200000171

Phone : (954)334-2250

Fax Number : (888)503-5258

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ChadTurner@societymortgage.com**FLORIDA PROFIT/NON PROFIT CORPORATION**

Society Title, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED

2023 JUN -1 AM 10:17

CORPORATIONS  
COMMERCIAL  
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**COVER LETTER**

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

**SUBJECT:** Society 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:** Chad Turner

Name (Printed or typed)

604 NE 8th Avenue

Address

Fort Lauderdale, Florida 33304

City, State & Zip

(754) 219-6071

Daytime Telephone number

ChadTurner@societymortgage.com

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 NAME**The name of the corporation shall be: Society Title, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

330 SW 2ND ST #111330 SW 2ND ST #111FORT LAUDERDALE, FL 33312FORT LAUDERDALE, FL 33312**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Title Insurance.**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CHAD A TURNER, President, TreasurerName and Title: BENJAMIN BANGS, SecretaryAddress 604 NE 8TH AVENUEAddress: 7407 WISTERIA AVEFORT LAUDERDALE, FL 33304PARKLAND, FL 33076

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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 TALLAHASSEE, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Olive Judd, P.A.Address: 2426 East Las Olas Blvd.Fort Lauderdale, FL 33301**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Chad A. TurnerAddress: 604 NE 8th AvenueFort Lauderdale, Florida 33304

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*Matthew C. Sanchez

Required Signature/Registered Agent

06/01/2023

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.*Chad A. Turner

Required Signature/Incorporator

06/01/2023

Date