

P9500009772
TRANSMITTAL LETTER

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

3000013142913
-01/31/95--01096--016
*****78.75 *****78.75

SUBJECT: AAA TITLE INSURANCE CORPORATION, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: CECELIA C. EITNIEAR
Name (printed or typed)
1747 BISCAYNE AVENUE
Address
SOUTH DAYTONA, FLORIDA 32119
City, State & Zip
904-767-6768
Daytime Telephone number

FILED
65 JUN 31 16 3 12
TALLAHASSEE, FLORIDA

T. BROWN FEB - 6 1995

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

ARTICLES OF INCORPORATION

FILED
95 JAN 31 10 31 12
SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/14/01 BY 60322
UCBA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AAA TITLE INSURANCE CORPORATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1747 BISCAYNE AVENUE
SOUTH DAYTONA, FLORIDA 32119

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CECELIA C. EITNIEAR
1747 BISCAYNE AVENUE
SOUTH DAYTONA, FLORIDA 32119

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CECELIA C. EITNIEAR
1747 DISCAYNE AVENUE
SOUTH DAYTONA, FLORIDA 32119

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26TH day of JANUARY, 1995.


CECELIA C. EITNIEAR

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: AAA TITLE INSURANCE CORPORATION, INC

2. The name and address of the registered agent and office is:

CECELIA C. EITNIEAR

(Name)

1747 BISCAYNE AVENUE

(P.O. Box not acceptable)

SOUTH DAVTONA, FLORIDA 32119

(City/State/Zip)

FILED
JAN 31 PM 3:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)
CECELIA C. EITNIEAR

JANUARY 26, 1995

(Date)