# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite I • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SEGRETARY OF STATE FALLAHASSEE, FLORIDA

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	Foreign Corp. File
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	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
· .	Cert. Copy
<i>*</i>	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search Fictitious Owner Search
Signature	Fictitious Owner Search
Signature .	Vehicle Search
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### ARTICLES OF INCORPORATION

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**OF** 

TALLAHASSEE, FLORIDA

#### REGIONAL TITLE INSURANCE COMPANY

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is REGIONAL TITLE INSURANCE COMPANY

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1602 N. Florida Ave., Tampa, Florida 33602.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is six thousand (6,000) shares having a par value of (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Thomas Martino, 1602 N. Florida Ave., Tampa, FL 33602.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is

Thomas Martino

1602 N. Florida Ave., Tampa, FL 33602.

The undersigned has executed these Articles of Incorporation this 24th day of August, 1999.

"Capital Connection, Inc. by Lauren Strong, Client Representative"

Lauren Strong

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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SEURLIANT OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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	паме	of t	he corp	oration	is:	REGI	ONAL	TITLE	INSURANCE	COMPAN
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				1602 N.	Florida <i>F</i>	ve.				·	
				Tampa, 1	FL 33602	-					

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 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 DUTIES. AND AM Ι FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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