# HAROLD B. STEPHENS

ATTORNEY AT LAW 825 NORTH CITRUS AVENUE CRYSTAL RIVER, FLORIDA 34428

TELEPHONE (352) 795-2088

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Department of Stat Division of Corporations
P. O. Boy 6327

P. O. Box 6327 Tallahassee, FL 32314

RE: BEST TITLE INSURANCE, INC.

200002976872--- 6 -09/02/99--01049--006 \*\*\*\*131.25 \*\*\*\*\*87.50

Gentlemen:

Enclosed are an original and one copy of the Articles of Incorporation and a Designation and Acceptance of Registered Agent for a Florida Corporation together with a check in the amount of \$131.25 for filing fee, certified copy and certificate.

Harold B. Stephens

HBS/dt Enclosures

99 SEP -2 PN 12: 34
SECRETARY OF STATE
TALLAHASSEE, FI OPINA

TS 9/9/99

#### ARTICLES OF INCORPORATION

OF

## BEST TITLE INSURANCE, INC.

In compliance with the requirements of F.S. Chapter 7, the undersigned, being a natural person, does hereby act as and incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

## ARTICLE I

The name of this corporation is BEST TITLE INSURANCE, INC..

#### ARTICLE II

The existence of the corporation shall begin immediately.

#### ARTICLE III

The street address of the principal office of the Corporation is 825 North Citrus Avenue, Crystal River, FL 34428.

#### ARTICLE IV

The maximum number of shares this Corporation is authorized to issue is 100, all of which shall be common shares and no par value.

#### ARTICLE V

The initial street address of the Corporation's registered office is 825 North Citrus Avenue, Crystal River, Florida 34428. The initial registered agent for the Corporation at that address is HAROLD B. STEPHENS.

#### ARTICLE VI

The name and street address of the incorporator of these articles of incorporation is:

Name HAROLD B. STEPHENS

Address 825 North Citrus Avenue Crystal River, FL 34428 The undersigned has executed these articles of incorporation on August 30, 1999.

HAROLD B. STEPPENS

#### STATE OF FLORIDA COUNTY OF CITRUS

The foregoing instrument was acknowledged before me this 31st day of August, 1999, by HAROLD B. STEPHENS, who is personally known to me and who did (did not) take an oath.

DELORES TIBBETTS
My Comm Exp. 7/09/2001
Bonded By Service Ins
No. CC662438
11 Personally Known 11 Other L.D.

OTARY PUBLIC, STATE OF FLORIDA

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S 607.0501, 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: BEST TITLE INSURANCE, INC.
- 2. The name and address of the registered agent and office is:

HAROLD B. STEPHENS 825 North Citrus Avenue Crystal River, Florida 34428 (352) 795-2088

Having been named to accept service of process for BEST TITLE INSURANCE, INC. at the place designated in the articles of inforporation, the undersigned is familiar with and accepts the opligations of that position pursuant to F.S. 607.0501(3).

HAROLD B. STEPHENS

Date: August 31, 1999

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SECRETARY OF STATE