

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735

Fax Number : (954)583-4117

00 MAR 27 AM 10:1

FLORIDA LIMITED PARTNERSHIP

CO-OP TITLE, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$105.00

CERTIFICATE OF LIMITED PARTNERSHIP OF CO-OP TITLE, LTD.

- 1. The name of the Limited Partnership is CO-OP TITLE, LTD.
- The business address of the Limited Partnership is:

6070 North Federal Highway Boca Raton, Florida 33487

The name of the Registered Agent for Service of Process is:

Steven Serie

4.	The Florida Street Address for the Registered Agent is:
	6070 North Federal Highway Soca Baton, Florida 33487
	ATL
./	Steven Serie, Registered Agent

5. The mailing address of the Limited Partnership is:

6070 North Federal Highway Boca Raton, Florida 33487

December 31,2030

6. The latest date upon which the Limited Partnership is to be dissolved is:

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NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
Corporate Title Inc.	6070 North Federa (Hour
	Boca Raton, FL 33481
	NAME OF GENERAL PARTNER(S)

Steven Serie, P.A., 2101 Corporate Blvd., NW, Suite 325, Boca Raton, FL 33431 Florida Bar No. 0046736; Tel: 561-989-0202

1/000000/3377

Signed this 2000 day of 1	ch 2000.
Signature of all general partners:	1000.
General Partner	Title he
Steven Ser le	General Partner
General Partner	General Partner
General Partner	General Partner

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of CO-OP TITLE, LTD., a Florida Limited Partnership, certify as follows: