# A OCCAPAGA 1229

Performance – Each day, Everyday...

July 18, 2000

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 **700003325377--3** -07/20/00--01004--004 \*\*\*\*\*105.00 \*\*\*\*105.00

W-18421

Enclosed please find the executed Certificate of Limited Partnership of Marion Title, Ltd. along with check #001003 in the amount of \$105.00 for filing.

If you should require any additional information please contact either Frank E. Stevenson at (407)786-1987 or myself, Barbara A. Harris at (850)438-6200.

Sincerely yours,

Barbara A. Harris

/bah

enclosures

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#### •ACCOUNTING OFFICE•

### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 24, 2000

SOUTHEAST TITLE 995 S.R. 434 N STE 514 ALTAMONTE SPRINGS, FL 32714

SUBJECT: MARION TITLE, LTD. Ref. Number: W00000018421

We have received your document for MARION TITLE, LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 900A00040326

## CERTIFICATE OF LIMITED PARTNERSHIP OF MARION TITLE, LTD.

The undersigned, pursuant to the provisions of Chapter 620, Florida Statutes, files the following Certificate of Limited Partnership evidencing the formation of that limited partnership known as MARION TITLE, LTD. under that partnership agreement executed herewith.

#### I. NAME AND PRINCIPAL OFFICE

The partnership shall be conducted under the name of MARION TITLE, LTD. The principal office and mailing address of the limited partnership shall be 995 S. R. 434 N. Suite 514, Altamonte Springs, Florida 32714.

#### II. REGISTERED OFFICE, REGISTERED AGENT

The address of the initial registered office of this partnership in the State of Florida; shall be 995 S. R. 434 N., Suite 514, Altamonte Springs, Florida 32714, and the name of the registered agent of this partnership at that address is Frank E. Stevenson.

#### III. CHARACTER OF BUSINESS

The character of business intended to be transacted by this partnership shall be the providing of real estate title insurance and related title services and the conduct of any other business in which a limited partnership may engage under the laws of the State of Florida.

#### IV. NAME AND ADDRESS OF GENERAL PARTNER

(1) <u>General Partner</u>. The name and address of the general partner of this partnership is as follows:

Southeast Title Group, LLP 995 S.R. 434 N., Suite 514 Altamonte Springs, Florida 32714

LP-529

#### V. TERM OF LIMITED PARTNERSHIP

The term for which the partnership is to exist begins upon the date this Certificate of Limited Partnership is filed with the Secretary of State of the State of Florida, and shall continue for a term of five (5) years unless sooner terminated by law, the filing of a Certificate of Cancellation or under the provisions of the Agreement of Limited Partnership.

IN WITNESS WHEREOF, the General Partner hereto has executed this Certificate of

Limited Partnership on the date hereinafter set forth.

GENERAL PARTNER:

SOUTHEAST FILLE GROUP, LLP

By: Frank E. Stevenson

Date: 3/23/00, 2000

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for MARION TITLE, LTD., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Partnership, hereby agrees to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

SHI

Frank E. Stevenson

#### STATE OF FLORIDA

#### **COUNTY OF SEMINOLE**

#### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared the undersigned, as General partner of Marion Title, Ltd., hereinafter referred to as the "Partnership", who upon being duly sworn, certified as follows:

- 1. The total amount of capital contributions to the partnership made by the limited partners is \$3500.00.
- 2. The amount of additional capital contributions anticipated to be contributed by each limited partner are as follows:

NO ADDITIONAL CAPITAL CONTRIBUTIONS ANTICIPATED AT THIS TIME.

FURTHER, Affiant sayeth not.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

that the lacts alleged are true to the r	sest of my knowledge and belief.
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	GENERAL PARTNER:
	Southeast Title Group, LLP
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·	Byt Frank El Stevenson
Sworn to and subscribed befo	re me this 3/ Stay of July
2000, by Thanks - 100	who (x) is personally known
to me, or ( ) has produced	as identification,
bearing identification number	<u> </u>
	(Signature of Notary Public)
	(Signature of Notary Public)
[Notarial Seal]	(Print, Type, or Stamp Name of Notary) Commission Number:

