

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : BARNETT, BOLT, KIRKWOOD & LONG
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

NOTE: Statement of Qualification for Florida Limited Liability Limited Partnership to follow.

4 pages

FLORIDA LIMITED PARTNERSHIP
STATE TITLE ASSOCIATES, LLLP

Certificate of Status	1
Certified Copy	0
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 13, 2000

BARNETT BOLT, KIRKWOOD & LONG

SUBJECT: STATE TITLE ASSOCIATES LLLP
REF: W00000027006

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 620.108, Florida Statutes, requires the affidavit include the amount of capital contributions of the limited partners and the amount anticipated to be contributed.

The qualification for the LLLP must be sent with its own fax audit number. Please make the correction and resend.,

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

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CERTIFICATE OF LIMITED PARTNERSHIP

1. State Title Associates, LLLP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." or "Limited Partnership")
2. 300 W. Fee Avenue, Melbourne, Florida 32901
(Business address of Limited Partnership)
3. Thomas M. Stallard
(Name of Registered Agent for Service of Process)
4. 300 W. Fee Avenue, Melbourne, Florida 32901
(Florida Street Address for Registered Agent)
5. [Signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 300 W. Fee Avenue, Melbourne, Florida 32901
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: twenty years after the date hereof.

8. Name(s) of general partner(s):

Street address:

State Title & Guaranty Co., Inc.

300 W. Fee Avenue
Melbourne, Florida 32901

Under penalties of perjury I declare that I we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 8th day of November, 2000.

Signature of all general partners:

STATE TITLE & GUARANTY CO., INC.,
a Florida corporation

By: [Signature]
Thomas M. Stallard, President

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of State Title Associates, LLP, a Florida Limited Liability Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 400.

The total amount contributed and anticipated at this time to be contributed by the limited partners totals \$ 20,000.

Signed this 8th day of November, 2000.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

STATE TITLE & GUARANTY CO., INC.,
a Florida corporation

By: _____

Thomas M. Stallard, President

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