

AD10000000668
TITLE OFFICE, INC.

5/10/2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed please find the executed Certificate of Limited Partnership of Five Flags Title, Ltd. along with check #1081 in the amount of \$105.00 for filing.

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

Sincerely yours,

Barbara A. Harris

Barbara A. Harris

/bah

enclosures

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
FIVE FLAGS 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 FIVE FLAGS TITLE, LTD. under that partnership agreement executed herewith.

I. NAME AND PRINCIPAL OFFICE

The partnership shall be conducted under the name of FIVE FLAGS 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IV. NAME AND ADDRESS OF GENERAL PARTNER

(1) General Partner. 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


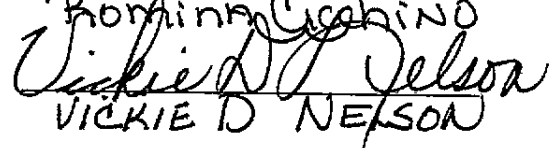
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V. TERM OF LIMITED PARTNERSHIP

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.

WITNESSES:


Romina Cicchino

VICKIE D NELSON

GENERAL PARTNER:
SOUTHEAST TITLE GROUP, LLP

By: 
Frank E. Stevenson

Date: 
8/24, 2000

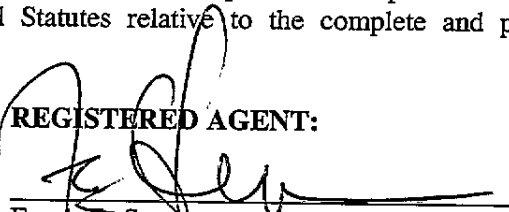
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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for FIVE FLAGS 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.

REGISTERED AGENT:


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 Five Flags 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 \$3000.00.
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.

GENERAL PARTNER:
Southeast Title Group, LLP

By: Frank E. Stevenson

Sworn to and subscribed before me this 24TH day of JULY, 2000, by FRANK E STEVENSON, who (x) is personally known to me, or () has produced _____ as identification, bearing identification number _____

(Signature of Notary Public)

VICKIE D NELSON
(Print, Type, or Stamp Name of Notary)

Commission Number: _____

[Notarial Seal]

