

CORPORATE  
ACCESS,  
INC.

# A01000000833

236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

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6/13/01



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STATE OF FLORIDA

CERTIFIED COPY

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CUS

FILING

LTD

1.) Equitable Title Group, Ltd  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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-06/13/01--01021--016  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

DIVISION OF CORPORATION

01 JUN 13 AM 11:06

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*[Handwritten signature]*

BK

SPECIAL INSTRUCTIONS

"When you need ACCESS to the world"  
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 13, 2001

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: EQUITABLE TITLE GROUP, LTD.  
Ref. Number: W01000013537

*Corrected*  
*6/22/01*

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JUN 22 PM 1:29  
STATE OF FLORIDA  
TALLAHASSEE

We have received your document for EQUITABLE TITLE GROUP, LTD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$87.50 payment.

Before this limited partnership can be filed, its corporate general partner must have an ACTIVE registration with the Division of Corporation.

There was once a Florida corporation with the name ALL FLORIDA INSURANCE GROUP, INC. This was involuntarily dissolved in 1989. Is this the corporate general partner? Perhaps, your ALL FLORIDA INSURANCE GROUP, INC is a foreign corporation that is going to have to qualify in Florida.

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) 487-6051.

Buck Kohr  
Corporate Specialist

Letter Number: 801A00036300

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JUN 22 AM 10:20  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

### CERTIFICATE OF LIMITED PARTNERSHIP

01 JUN 22 PM 1:29  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. EQUITABLE TITLE GROUP, LTD  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 1915 E. COLONIAL DR. STE 21 ORLANDO, FL 32803  
(Business address of Limited Partnership)
3. F. LARRY JOSEPH  
(Name of Registered Agent for Service of Process)
4. 7575 DR. PHILLIPS BLVD. STE 270 ORLANDO, FL 32819  
(Florida street address for Registered Agent)
5. *F. Larry Joseph*  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. SAME AS BUSINESS ADDRESS  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 2030

8. Name(s) of general partner(s):	Street address:
<u>BOGERT INSURANCE AGENCY, INC.</u>	<u>1915 E. COLONIAL DRIVE</u>
<u>P97000021241</u>	<u>SUITE 21</u>
	<u>ORLANDO, FL 32803</u>

*Under penalties of perjury I (we) 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 6th day of JUNE, ~~2001~~ 2001.

Signature of all general partners:

<u><i>h Bogert</i></u> General Partner BOGERT INSURANCE AGENCY, INC.	_____ General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner

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

01 JUN 22 PM 11:29  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of EQUITABLE TITLE GROUP, LTD  
a Florida Limited Partnership, certify:


The amount of capital contributions to date of the limited partners is \$ 3,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 4,000.00

Signed this 6th day of June, 19 2001

FURTHER AFFIANT SAYETH NOT.

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

  
\_\_\_\_\_  
General Partner  
\_\_\_\_\_  
BOGERT INSURANCE AGENCY, INC.  
\_\_\_\_\_  
General Partner  
\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner  
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General Partner