

A03000000435

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TALLAHASSEE, FLORIDA

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State: **SUCCESS TITLE, LLLP.**

Insert limited partnership's Florida Document number: A03000000435
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: **LLLP**

3. The street address of its chief executive office (if different from current recorded address:

4. The street address of principal office in Florida (if different from above):

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

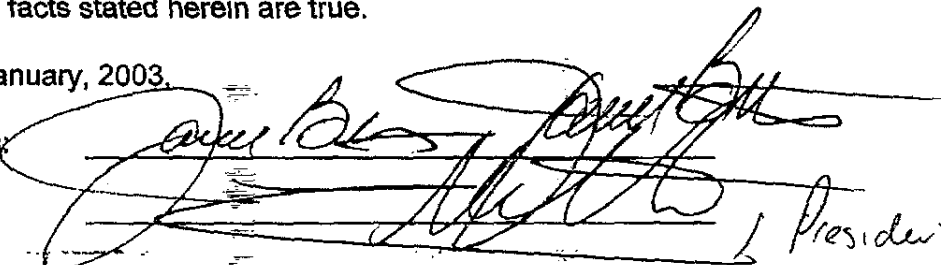
X as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____

6. The name and Florida street address of the partnership's agent for service of process: **JARRELL BRITTS, 5020 Central Avenue, St. Petersburg, Florida 33707.**

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 16 day of January, 2003.

Signature of TWO Partners:

 President

Typed or printed names of
Partners signing above:

EAGLE TITLE & ABSTRACT CORPORATION,
a Florida corporation, by **JARRELL BRITTS,**
President

MELTON, INC., a Florida corporation,
by **CRAIG B. MELTON,** President

FILED
03 MAR 12 PM 34
TALLAHASSEE, FLORIDA

