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TALLAHASSEE, FLORIDA
JULIAN J. CORPORATIONS

J. BRYAN JUL 24 2003

TITLE OFFICES, LLC

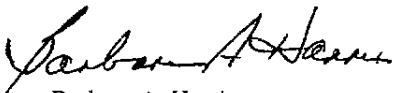
7/16/2003

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

Enclosed please find the executed Certificate of Limited Partnership of Insured Land Title, Ltd. along with check #1034 in the amount of \$87.50 for filing.

If you should require any additional information please contact either Donna Stevenson or myself, Barbara Harris at (850)432-6777.

Sincerely yours,



Barbara A. Harris

/bah

enclosures

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP OF
INSURED LAND TITLE, LTD.**

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

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CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA

I. NAME AND PRINCIPAL OFFICE

The partnership shall be conducted under the name of INSURED LAND TITLE, LTD. The principal office and mailing address of the limited partnership shall be 1101 N. Palafox Street, Pensacola, Florida 32501.

III. REGISTERED OFFICE, REGISTERED AGENT

The address of the initial registered office of this partnership in the State of Florida shall be 1101 N. Palafox Street, Pensacola, Florida 32501, 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) General Partner: The name and address of the general partner of this partnership is as follows:


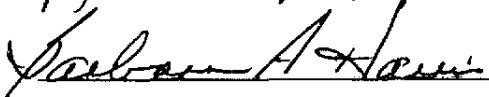
Title Offices, LLC
1101 N. Palafox Street
Pensacola, FL 32501

IV. TERM OF LIMITED PARTNERSHIP

The term for which the partnership is to exist begins upon the date this Certificate of Limited Partnership is file 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:

GENERAL PARTNER:
TITLE OFFICES, LLC

BY: Donna Stevenson

Date:

7-14-03

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for INSURED LAND 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 B. Stevenson

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF ESCAMBIA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared the undersigned, as General partner of Insured
Land 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 \$1500.00
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.

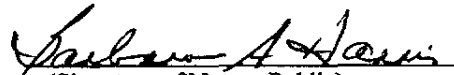
FURTHER, Affiant sayeth not.

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.

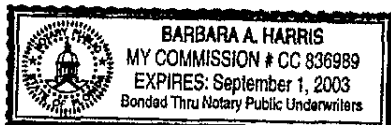
GENERAL PARTNER:
Title Offices, LLC


By: Donna Stevenson

Sworn to and subscribed before me this 14th day of July, 2003, by
DONNA STEVENSON, who ☒ is personally known to me, or () has produced
as identification, bearing identification number _____


(Signature of Notary Public)

[Notarial Seal]



BARBARA A. HARRIS
(Print, Type or Stamp Name of Notary)

Commission Number: CCP36989

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JIMMYE L. CORPORACTIONS
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