

A 04 000000309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

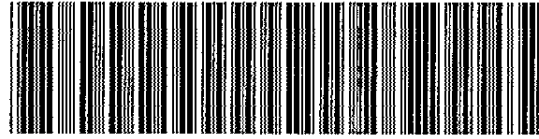
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

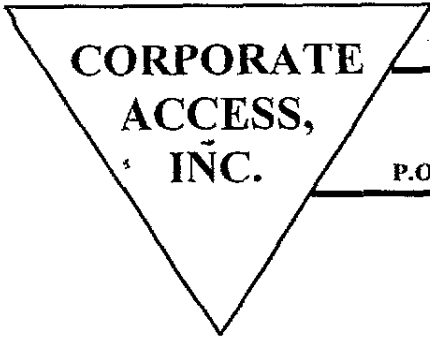


300028810813

02/26/04--01018--013 **91.00

RECEIVED
04 FEB 26 AM 10:17
DIVISION OF CORPORATION

FILED
04 FEB 26 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



236 East 6th Avenue . Tallahassee, Florida 32303

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

WALK IN

PICK UP 2-26-04 Kelly

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TALLAHASSEE, FLORIDA

CERTIFIED COPY _____

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PHOTO COPY _____

FILING _____

LTD

1.) Equitable Title Services LTD # 14
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

CERTIFICATE OF LIMITED PARTNERSHIP

1. Equitable Title Services LTD # 14
(Name of Limited Partnership; must contain a suffix such as "Limited", Ltd., or Limited Partnership)
2. 7575 Dr. Phillips Boulevard, Suite 270, Orlando, FL 32819
(Business address of Limited Partnership)
3. F. Larry Joseph
(Name of Registered Agent for Service of Process)
4. 7575 Dr. Phillips Boulevard, Suite 270, Orlando, FL 32819
(Florida street address for Registered Agent)
5. SEE BELOW
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 7575 Dr. Phillips Boulevard, Suite 270, Orlando, FL 32819
(Mailing Address of the Limited Partnership)

FILED
FEB 26 AM 11:00
STATE OF FLORIDA
TALLAHASSEE

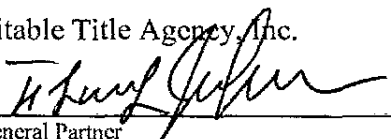
7. The latest date upon which the Limited Partnership is to be dissolved is : _____

| 8. Name(s) of general partner(s): | Street Address |
|-------------------------------------|--|
| <u>Equitable Title Agency, Inc.</u> | <u>7575 Dr. Phillips Blvd. Suite 270</u> |
| <u>P95000023614</u> | <u>Orlando, FL 32819</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 19th day of February, 2004.

Signature of all general partners:

| | |
|--|-----------------|
| <u>Equitable Title Agency, Inc.</u>  | |
| General Partner & Registered Agent | General Partner |
| General Partner | General Partner |
| General Partner | General Partner |

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

The undersigned constituting all of the general partners of _____

Equitable Title Services Ltd., No. 14

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 8,000.00.

Signed this 19 day of February, 2004.

FUTHER AFFIANT SAYETH NOT.

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.

Equitable Title Agency, Inc.



General Partner