

A 04000000846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/04 -01029--015 **121.25

FILED
04 MAY 24 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
05 MAY 24 AM 11:11
TALLAHASSEE FLORIDA
STATE
REGISTRAR

Handwritten signature

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ED

DATE: 05/24/04

REF. #: 0170.26473

CORP. NAME: UNITED REPUBLIC TITLE, LTD.

FILE 1st

FILED
04 MAY 24 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
87

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 65325 FOR \$ 121.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____


PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

FILED
04 MAY 24 PM 1:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. UNITED REPUBLIC TITLE, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." Or "Limited Partnership")
2. 600 West Hillsboro Boulevard, Suite 203, Deerfield Beach, Florida 33441
(Business address of Limited Partnership)
3. Thomas Streda
(Name of Registered Agent for Service of Process)
4. 600 West Hillsboro Boulevard, Suite 203, Deerfield Beach, Florida 33441
(Florida Street Address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 600 West Hillsboro Boulevard, Suite 203, Deerfield Beach, Florida 33441
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: twenty years after the date hereof.

8. Name(s) of general partner(s):

Street address:

NEW REPUBLIC TITLE, INC.

600 W. Hillsboro Boulevard
Suite 203
Deerfield Beach, Florida 33441

Under penalties of perjury I 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 5th day of May, 2004.

Signature of all general partners:

NEW REPUBLIC TITLE, INC.
a Florida corporation

By: 

Charles Anania, President

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

The undersigned constituting all of the general partners of United Republic Title, Ltd., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$6,000.

The total amount contributed and anticipated at this time to be contributed by the limited partners totals \$6,000.

Signed this 20 day of MAY, 2004.

FURTHER AFFIANT SAYETH NOT.

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

NEW REPUBLIC TITLE, INC.,
a Florida corporation

By: Charles Anania

Charles Anania, President