

Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)205-0383 From: Account Name CORPDIRECT AGENTS, INC. Account Number : 110450000714 Phone (850) 222-1173 Fax Number (850) 224-1640 LIMITED PARTNERSHIP AMENDMENT HVISION OF CORPORATION MORTGAGE TITLE PARTNERS GROUP, LTD. Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge 561.25

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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: Mortgage Title Partners Group, Ltd.
Insert limited partnership's Florida document number: A0500001967
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.
2. The complete name of the entity after filing Statement of Qualification shall be:
Mortgage Title Partners Group, LLLP (Must include (LLP or LLLP.)
(Must include bette of believes)
3. The street address of its chief executive office: 5979 NW 153 Street #223 (if different from current recorded address): Miami Lakes, Florida 33014
4. The street address of principal office in Florida: (If different from above)
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5. The limited partnership hereby elects to be a limited liability limited partnership.
6. The effective date of this filing shall be: **Example as of the date this document is filed with the Florida Secretary of State or
a date later than the time of filing:
7. The name and Florida street address of the partnership's agent for service of process: Marlen Rodriguez 6175 NW 153 Street #100
Miami Lakes Florida 33014 Em O
The execution of this statement as a partner constitutes an affirmation under the penalties of perjury
Signed this 20 day of October , 2005 . 2005 . 2005
Signature of TWO Partners:
Typed or printed names of partners signing above: Marken Bohriquez

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75