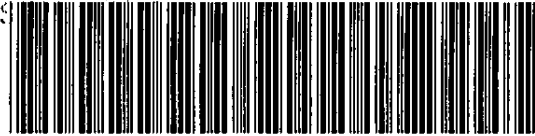


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2006 MAY 30 P 1:50

SECRETARY OF STATE  
TALLAHASSEE



900075375839

05/30/06--01023--010 \*\*1000.00

(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:

ALV

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FILED

TO: Registration Section  
Division of Corporations

SUBJECT: **BOARDWALK TITLE AGENCY, LLLP**  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

2006 MAY 30 P 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

**JOSEPH N PERLMAN**

(Contact Person)

**ATTORNEY AT LAW**

(Firm/Company)

**1101 BELCHER RD S UNIT B**

(Address)

**LARGO, FL 33771**

(City, State and Zip Code)

For further information concerning this matter, please call:

**JOSEPH N PERLMAN**

(Name of Contact Person)

at ( **727** ) **536 2711**

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|--|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**FILED**  
2006 MAY 30 P 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. BOARDWALK TITLE AGENCY, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.*

2. 9534 SEMINOLE BLVD

(Street address of initial designated office)

SEMINOLE, FL 33772

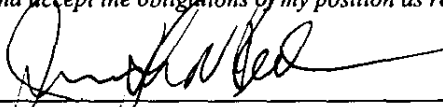
3. JOSEPH N PERLMAN

(Name of Registered Agent for Service of Process)

4. 1101 BELCHER RD S, UNIT B, LARGO, FL33771

(Florida street address for Registered Agent)

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Signature of Registered Agent

6. 9534 Seminole Blvd.

(Mailing address of initial designated office)

Seminole FL 33772

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

8. Name and business address of each general partner:

Name:

Business Address:

SUNCOAST TITLE SERVICES INC

8115 SR 54, NEW PORT RICHEY

FL 34655

798-81992

FILED

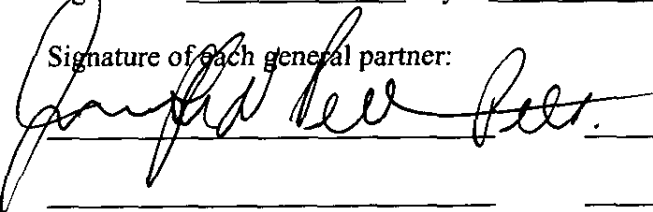
2006 MAY 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 24 day of MAY, 2006

Signature of each general partner:



**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

Page 2 of 2