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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUN 5 2012

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TITUS CAPITAL, I, LLLP

Signature _____

Requested by: SETH

06/04/12

Name _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP OF
TITUS CAPITAL I, LLLP
a Florida Limited Liability Limited Partnership**

The undersigned general partner, desiring to form a limited liability limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act of 2005 as set forth in Chapter 620 of the Florida Statutes, hereby states the following:

1. The name of the limited liability limited partnership (the "LLLP") is TITUS CAPITAL I, LLLP.

2. This limited partnership is a limited liability limited partnership.

3. The address of the designated office of the LLLP in the State of Florida is 1515 Ringling Boulevard, 10th Floor, Sarasota, Florida 34236.

4. The name and address of the initial registered agent for service of process on the LLLP are as follows:

J. ALLISON ARCHBOLD, ESQ. 1515 Ringling Boulevard, 10th Floor
Sarasota, Florida 34236

5. The name and business address of the general partner of the LLLP are as follows:

SCOTT MOORE 22 Greystone Lane
Edwardsville, Illinois 62025

6. The mailing address of the LLLP is 22 Greystone Lane, Edwardsville, Illinois 62025.

7. The effective date of this Certificate of Limited Partnership is the date of its filing.

The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner on the date set forth below.



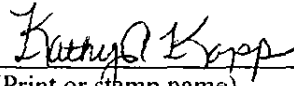
SCOTT MOORE
General Partner

Dated: 5/30/12, 2012.

STATE OF Illinois

COUNTY OF Bend

The foregoing instrument was acknowledged before me on 5/30/12, 2012 by SCOTT MOORE, who ☐ is personally known to me or ☐ has produced _____ as identification and who did (did not) take an oath.

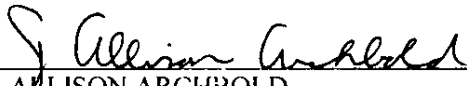


(Print or stamp name)
Notary Public
Serial Number (if any) _____
Commission Expiration Date 12-22-2014



ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as the registered agent for the TITUS CAPITAL I, LLLP (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.


J. ALLISON ARCHBOLD

4307016 25693