1201 HAYS STREET TALLAHASSEE, FL 32301

PRENTICE HALL LEGAL & FINASCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE: 724254

83086A

AUTHORIZATION:

COST LIMIT :

\$ 288.75

ORDER DATE: November 3, 1995

ORDER TIME : 10:31 AM

ORDER NO. : 724254

CUSTOMER NO:

83086A

100001627791

CUSTOMER: Ms. Iris Arauz

PALMER & PALMER

Suite 240

1550 Hadruga Avenue Coral Gables, FL 33146

DOMESTIC FILING

NAME:

ALLIANCE ASSOCIATES TITLE

AGENCY, LTD.

ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensal

EXAMINER'S INITIALS:

CERTIFICATE OF LIMITED PARTNERSHIP OF

		ASSOCIAT								
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98 S.I	ε. 6TH	AVENUE,	DELRAY	BEAC	CH, FI	.ORI	DA 33	483 <u> </u>		
		(The Busine	MA Addr	ess of	Limited	Par	tnership)		
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NAME OF	GENER	AL PARTNE	R(S)		s	PEC	IFIC AD	DHES	S	
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SECRETARY OF STATE OF STATE OF CF CONTROL OF STATE OF

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

LIANCE ASSOCIATES TITLE AGENCY, LTD	a Florida Limited Partnership, certify	
The amount of capital contributions to date of the total amount contributed and anticipated at this time totals \$ 35,000.00	f the limited partners is \$ 350.00 to be contributed by the limited pe	THOUSE OF CELLS
This 1st day of November FURTHER AFFIANT SAYETH NOT.	, 19 <u>95</u> .	Chronia House
Under the pensities of perjupy I (wa) declare that I facts alleged are turn, to the best of my knowledge	(ws) have read the foregoing and to e and belief.	net the
General Parties President of ALLIANCE ASSOCIATES	General Parnter	
General Partner	General Partner	
General Partner	General Partner	

		ALPHONOR MILITARY	ar Villa Sila		CONTRACTOR STREET		
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		e town is a sign	DRPORATIONS	_1	9 PH 12: 08		
Name of Limited Partnership	1a. D	OCUM	ENT#	SECRETAI	LY OF STATE SEE FLORIDA		
Alliance Associates Title Agency, Ltd.	A9500000	01675		TAEL MINS	PERFLORIDA		
ngency, blu,							
				PO NOT WRITE IN THIS SPACE 2. Now Making Address, If Applicable			
January 1							
Assing Address 98 SE 6th Avenue	Frincipal Office Addr Same	956		Suite. Apt. #, etc	9001702213		
Delray Beach, FL 33483	0110			City, State & Zip -01/31/9601020005			
				2a. New Principal Office Addre	ss. If Applicable		
above addresses are incurrect in any way, line through the	incorrect information and en	icr correct add	ross in Block 2 and/or 2a	Suite, Apt. # elc.			
PLOYIDA	Date of Last Report		Country of Formation	City, State & Zip			
11/3/95 5a. Capital Cuntributions as Shown 5b. Amount	of Capital Contributions in	Flori					
1350-00-35, UDO . 60 \$350.0	A to date	1	0621408	- -	CERTIFICATE OF STATUS REQUIRED		
FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1 2.) Supplemental Fee: \$138.75 (pursuant to se	.000 on amount entored in 5			Not Applicable			
David G. Laskey 98 SE 6th Avenue Delray Beach, FL 33483	• • •		Street Address (P.O. B Suite, Apt. #, etc.	ox Number is Not Acceptable)			
			City		Zip Code		
Pursuant to the Provisions of sections 620 1051 and for the purpose t I changing its registered office or reagent I am familiar with, and accept the obligations IGNATURE (Registered Agent Accepting Appointment)	S A CORPORA	ATION. L	Outles	DATE	ne State of Florida, sutmits this statement obly accept the appointment of registered. 10 - 10 - 9 R BUSINESS ENTITY		
1. Name(s) of General Partner(s)	DE REGISTER	ED ANL	Partner	H THIS OFFICE.			
lliance Associates Title	98 SE 6th A	Post Office Box		City. State & Zip Code	Document Number		
gency, Inc.	JO DE CENT	venue	Detr	y Beach, FL 3348			
		7			149500008315		
· · · · · · · · · · · · · · · · · · ·			10	\$ 138.75			
			KJK-	H130 15			
			\$F -	4120.15			
			9110 -	8.75			
				1-31-9/2	h)		
Note: General partners MAY NOT	e changed on t	his form:	an amendasa	nt must be filed to che	1000 a general narrae		
 i do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S 	filing is voluntarily turnished action 119 D7/3Victor to a no	and does not o	qualify for the exemption i	il led in Section 119 07(3)(k). Floreta	Statutes if release the Division of		
this annual report is true and accurate and that my sign empowered to execute this properties required by chapte	and the second trace and second to the	gal effects as if	made under oath. Hurtho	r certify that I am a General Partner of	er certify that the information indicated on the limited partnership, receiver or trustee		
CALATURE ///				//	10-0-		

As President

David G. Laske

SIGNATURE

Typed or Printed Name of General Partner Signing Form

DATE (407) 278-5556