

ACCOUNT NO. : 072100000032 REFERENCE : 884730 AUTHORIZATION : COST LIMIT : \$ 148.75 ORDER DATE : March 18, 1996 ORDER TIME : 10:02 AM ORDER NO. : 884730 8000001747758 CUSTOMER NO: 4323655 CUSTOMER: Kit Russell, Legal Assistant ANNIS MITCHELL COCKEY EDWARDS & ROEHN, P.A. P. O. Box 3433 Tampa, FL 33601 DOMESTIC FILING NAME: HERITAGE TITLE INSURANCE, LTD. EFFECTIVE DATE: _ ARTICLES OF INCORPORATION XX CERTIFICATE OF LIMITED PARTNERSHIP PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY

CHEST REG 46 HORSES CERTIFICATE OF GOOD STANDING CONTACT PERSON: JENNIFER MORAN EXAMINER'S INITIALS:

CERTIFICATE OF LIMITED PARTNERSHIP OF HERITAGE TITLE INSURANCE, LTD.

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

- 1. Name of Partnership. The name of the Partnership shall be HERITAGE TITLE INSURANCE, LTD.
- 2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to Section 620.106, Florida Statutes, shall be located at 201 North Franklin Street, Suite 2100, Tampa, Florida 33602, and the name of the Partnership's agent for service of process at said address is STEPHEN L. KUSSNER.
- 3. Name and Business Address of the General Partner. The name and address of the General Partner are as follows:

Name Address

AMCER, Inc., a Florida corporation (Florida Document No. P96000015470)

201 N. Franklin Street Suite 2100 Tampa, Florida 33602

- 4. <u>Mailing Address for the Limited Partnership</u>. The mailing address for the Limited Partnership shall be located at **Post Office**Box 3433, Tampa, Florida 33601.
- 5. <u>Term</u>. The term for which the Partnership is to exist shall be thirty (30) years from the filing of this Certificate in

the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for HERITAGE TITLE INSURANCE, LTD.

DATED this 15th day of Mulch, 1996.

GENERAL PARTNER:

AMCER, INC., a Florida corporation

By:

Stephen L. Kussner

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing was acknowledged before me this // day of Munt., 1996, by Stephen L. Kussner, as Vice President of AMCER, INC., a Florida corporation, on behalf of the corporation, who is personally known to me or has produced as identification.

NOTARY PUBLIC Name: /2-cd

Serial No.:

My Commission Expires:

Vice President



FRED 8. RIDLEY
MY COLAMIZETON # GO 218447 EXPIRES
JULY 26, 1898
BONGER TIMU TROY FAIR INSURANCE, ING.

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

BTEPHEN L. KUSSNER

SECRETERY OF STATIONS DIVISION OF COURSE SHAPE STATIONS

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

- I, STEPHEN L. KUSSNER, the Vice President of AMCER, INC., a Florida corporation, the sole general partner of HERITAGE TITLE INSURANCE, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being duly sworn, certifies as follows:
- 1. The limited partners have contributed a total of \$100.00 of capital to the Partnership.
- 2. It is anticipated that no additional contributions shall be contributed by the limited partners in the future.

This K^{\dagger} day of March, 1996.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:

AMCER, INC., a Florida corporation

By:
Stephen L. Kussner Vice President

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 1546 day of 1996, by Stephen L. Kussner, as Vice President of AMCER, Inc., a Florida corporation, as the sole General Partner of HERITAGE TITLE INSURANCE, LTD., a Florida limited partnership, on behalf of the corporation and limited partnership. He is personally known to me or has produced as identification.

NOTARY PUBLIC
Name: 10100 JONES
Serial No.:
My Commission Expires:

MARGA JONES
MY COMMISSION & CC 243923 EXPIRES
December 26, 1996
BONCED THRU TRUE INSURANCE, INC.

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