

A97000002206
GOYONI & ASSOCIATES, P.A.
INTERNATIONAL ACCOUNTANTS AND BUSINESS CONSULTANTS

CENTRAL FLORIDA

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105067.1115@compuserve.com

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****148.75 ****148.75

September 17, 1997

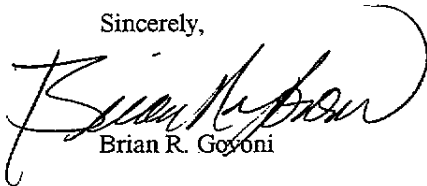
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Gentlemen:

Enclosed please find a Certificate of Limited Partnership and Affidavit of Capital Contributions for Florida Limited Partnership for Insured Abstracts of Orlando Ltd. Also enclosed is a check for \$148.75 for all fees.

Please send the acknowledgment to the above Florida address or contact us at the above Florida telephone number with any questions.

Sincerely,


Brian R. Goyoni

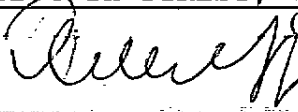
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97 OCT 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	10114197
Availability	dcc
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
Verifier	DCC

12
\$88.00

A97000002206

CERTIFICATE OF LIMITED PARTNERSHIP

1. INSURED ABSTRACTS OF ORLANDO LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 322 4'TH STREET, NW, WINTER HAVEN, FLORIDA 33881
(Business address of Limited Partnership)
3. ARLENE F. STATLER
(Name of Registered Agent for Service of Process)
4. 322 4'TH STREET, NW, WINTER HAVEN, FLORIDA 33881
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 322 4'TH STREET, NW, WINTER HAVEN, FLORIDA 33881
(Mailing Address of the Limited Partnership)

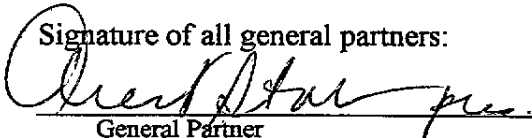
7. The latest date upon which the Limited Partnership is to be dissolved is: DECEMBER 31, 2048
8. Name(s) of general partner(s): _____ Street address: _____

<u>INSURED ABSTRACTS OF</u>	<u>322 4'TH STREET, NW,</u>
<u>CENTRAL FLORIDA, INC.</u>	<u>WINTER HAVEN, FLORIDA 33881</u>
<u>S 30269</u>	_____
_____	_____

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 8'TH day of OCTOBER, 1997

Signature of all general partners:


General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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STATE OF FLORIDA
TALLAHASSEE

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____

INSURED ABSTRACTS OF ORLANDO LTD.

a Florida Limited Partnership, certify:

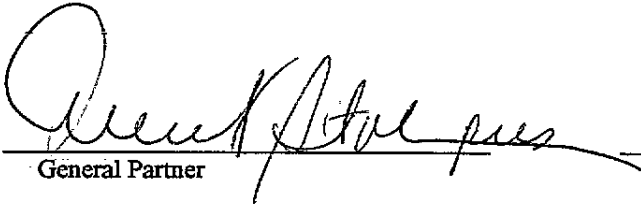
The amount of capital contributions to date of the limited partners is \$ _____

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 88

Signed this 8TH day of OCTOBER, 19 97

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.



General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA