

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -5 PM 1:10

A98000001107

Coastal Title Insurance
Agency, Ltd

- Art of Inc. File 100002510871--2
-05/05/98--01025--036
✓ LTD Partnership File ****157.50 *****87.50
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
✓ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

RECEIVED
98 MAY -5 AM 10:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: On 5548 9:24

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

RP
050598

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DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP
OF
COASTAL TITLE INSURANCE AGENCY, LTD.

98 MAY -5 PM 1:10

1. The name of the Partnership is COASTAL TITLE INSURANCE AGENCY, LTD.

2. The address of the Partnership's office is 3228 Martin Downs Blvd., Suite 5, Palm City, FL 34990.

3. The name and address of the agent for service of process is Steven G. Vitale, 3228 Martin Downs Blvd., Palm City, FL 34990.

4. The name and business address of the general partner is as follows:

SCV, Inc.
3228 Martin Downs Blvd.
Suite 5
Palm City, FL 34990

5. A mailing address for the Limited Partnership is:

3228 Martin Downs Blvd.
Suite 5
Palm City, FL 34990

6. The Limited Partnership is formed as of the date of filing hereof.

7. The latest date upon which the Limited Partnership is to dissolve is April 1, 2039.

May This Certificate of Limited Partnership of COASTAL TITLE INSURANCE AGENCY, LTD., has been executed on the 5th day of ~~April~~, 1998. By such execution, the general partner whose signature is set forth below hereby affirms, under penalties of perjury, that the facts stated herein are true.

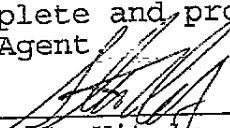
GENERAL PARTNER:
COASTAL TITLE INSURANCE
AGENCY, LTD, a Florida
limited partnership by
its general partner:

SCV, INC. a Florida
corporation

By: [Signature]
Steven Vitale, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for COASTAL TITLE INSURANCE AGENCY, LTD., a Florida Limited Partnership (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.



Steven G. Vitale, Registered Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP

STATE OF FLORIDA

SS.

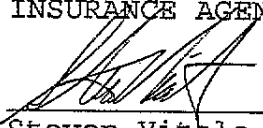
COUNTY OF MARTIN

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take oaths, personally appeared Steven Vitale, and after being duly sworn he deposed on oath and stated as follows:

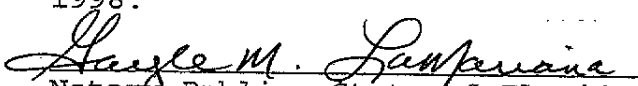
1. My name is Steven Vitale. I am the President of SCV, Inc., a Florida corporation. I have personal knowledge of the facts herein.

2. The amount of capital contributions to date of the limited partner is \$100.00.

3. The total amount anticipated to be contributed by the limited partners of COASTAL TITLE INSURANCE AGENCY, LTD. is One Hundred Dollars (\$100.00).


Steven Vitale

SWORN TO AND SUBSCRIBED before me by Steven Vitale ___ known to me to be the aforesaid individual or ☒ identified to me by FDL V340-787-69-139.0, this 5th day of April, 1998. May


Notary Public, State of Florida
My commission Expires:
My commission number:

(Notary Seal)



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