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Govoni & Associates
International Accountants and Business Consultants
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September 9, 1998

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

900002637929--8
-09/14/98--01021--005
***140.00 ***140.00

Re: United States Title Limited Partnership

Gentlemen:

Enclosed please find two executed copies of the Certificate of Limited Partnership for the referenced company and a check in amount of \$140.00 to cover all filing fees and the cost of issuing a certified copy.

Please do not hesitate to call with any questions.

Sincerely,



Brian R. Govoni

FILED
98 SEP 14 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

108-2126

Name	CP 9-15
Availability	
Document Examiner	CP
Updater	CP
Updater Verifier	CP
Acknowledgment	
W. P. Verifier	CP


CERTIFICATE OF LIMITED PARTNERSHIP

1. UNITED STATES TITLE LIMITED PARTNERSHIP
(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: JULY 31, 2099

8. Name(s) of general partner(s):

Street address:

INSURED ABSTRACTS OF

322 4'th STREET, NW

CENTRAL FLORIDA, INC.

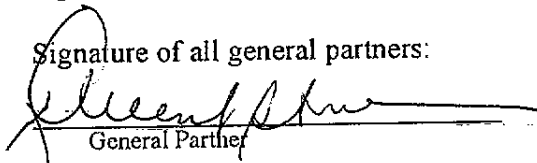
WINTER HAVEN, FLORIDA 33881

530269

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 1st day of Aug, 19 98

Signature of all general partners:


General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA

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

The undersigned constituting all of the general partners of _____

UNITED STATES TITLE LIMITED PARTNERSHIP

_____,
a Florida Limited Partnership, certify:

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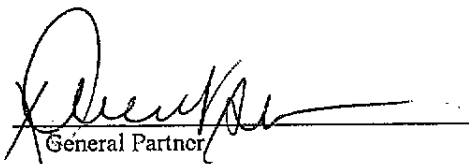
The amount of capital contributions to date of the limited partners is \$1 (ONE DOLLAR).

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$1 (ONE DOLLAR).

Signed this 1st day of Aug, 1998

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