

A05000000432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

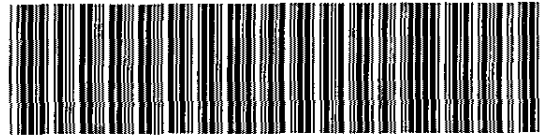
(Business Entity Name)

(Document Number)

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RECEIVED  
FILED  
05 FEB 28 AM 11:39  
05 FEB 28 PM 2:56  
TERRY J. HARRIS  
SECRETARY OF STATE  
PALM BEACH COUNTY  
PALM BEACH, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS),  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 02-25-05

REF. #: 0170.35299

CORP. NAME: SECURE TITLE OF CENTRAL FLORIDA, LTD.

**\*FILE FIRST FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT          | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK         | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                         | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

STATE FEES PREPAID WITH CHECK# 67256 FOR \$ 87.50.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

FILED  
05 FEB 28 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 1. SECURE TITLE OF CENTRAL FLORIDA, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." Or "Limited Partnership")
- 2. 34931 US Highway 19 North, Palm Harbor, Florida 34684  
(Business address of Limited Partnership)
- 3. Terry M. Skocher  
(Name of Registered Agent for Service of Process)
- 4. 2827 Post Rock Drive, Tarpon Springs, Florida 34688  
(Florida Street Address of Registered Agent)
- 5. *Terry M. Skocher*  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
- 6. 2827 Post Rock Drive, Tarpon Springs, Florida 34688  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: ninety nine years after the date hereof.

8. Name(s) of general partner(s): Secure Financial, Inc. Street address: 2827 Post Rock Drive  
Tarpon Springs, Florida 33688

*Per 7000004825*

*Under penalties of perjury I 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 18<sup>th</sup> day of Jan, 2005.

Signature of all general partners:

SECURE FINANCIAL, INC.,  
a Florida corporation

By: *[Signature]*  
Susan Skocher, President

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

*The undersigned constituting all of the general partners of Secure Title of Central Florida, Ltd.,  
a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is \$ 7,000.

The total amount contributed and anticipated at this time to be contributed by the limited partners  
totals \$ 7,000.

Signed this 18<sup>th</sup> day of Feb, 2005.

FURTHER AFFIANT SAYETH NOT.

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

SECURE FINANCIAL, INC.,  
a Florida corporation

By:   
(Susan Skocher, President)