

A05000000432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

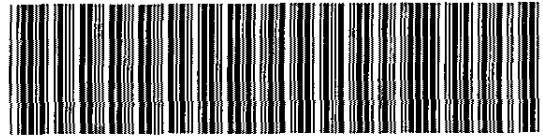
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/05--01052--023 **121.25

RECEIVED
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05 FEB 28 AM 11:39
05 FEB 28 PM 2:56
TERRY J. HARRIS, CLERK
SECRETARY OF STATE
P.O. BOX 1000
TALLAHASSEE, FLORIDA 32304

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
FEB 28 PM 2:56
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

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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 18th 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.

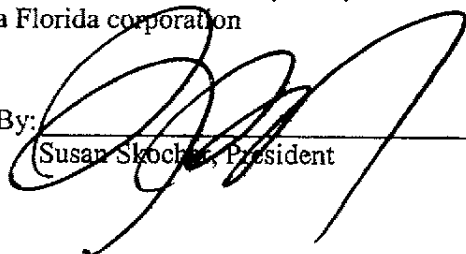
The total amount contributed and anticipated at this time to be contributed by the limited partners totals \$ 7,000.

Signed this 18th 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