

A03600000920

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06/23/03--01013--026 **131.75

RECEIVED
03 JUN 23 PM 12:21
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED
03 JUN 23 PM 2:46
TALLAHASSEE, FLORIDA
STATE OF FLORIDA

Handwritten signature

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ED

DATE: 06-23-03

REF. #: 0170.17158

CORP. NAME: SECURE US TITLE NETWORK, LTD.

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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# 62916\$ 131.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

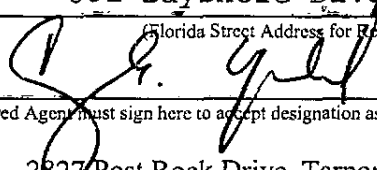
_____ COST LIMIT: \$ _____

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

1. SECURE US TITLE NETWORK, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." Or "Limited Partnership")
2. 499 Crystal Drive, Madeira Beach, Florida 33708
(Business address of Limited Partnership)
3. Craig E. Behrenfeld
(Name of Registered Agent for Service of Process)
4. 601 Bayshore Blvd., Ste. 700, Tampa, FL 33606
(Florida Street Address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 2827 Post Rock Drive, Tarpon Springs, Florida 34684
(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):

Street address:

Secure Financial, Inc.

P9700000-9825

2827 Post Rock Drive
Tarpon Springs, Florida 33684

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.

Signed this 19th day of June, 2003.

Signature of all general partners:

SECURE FINANCIAL, INC.
a Florida corporation

By: 

Terry M. Skocher, President

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

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

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The amount of capital contributions to date of the limited partners is \$ 9,000.

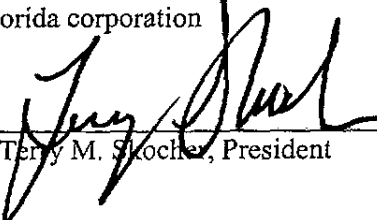
The total amount contributed and anticipated at this time to be contributed by the limited
partners totals \$ 9,000.

Signed this 19th day of June, 2003.

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: 
Terry M. Skocher, President