

# A03 000000435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

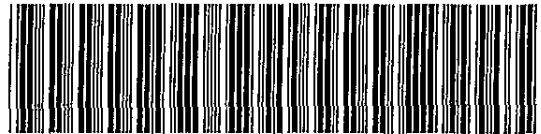
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

3/19  
JST

Office Use Only



000013719700

03/12/03--01056--007 \*\*112.50

**FILED**  
03 MAR 12 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CHARLES S. DAYHOFF III  
Attorney and Counselor at Law

Cornerstone Centre  
3830 Tampa Road, Suite 150  
Palm Harbor, FL 34684

Telephone (727) 785-6721  
Telecopier (727) 785-0798  
E-mail: attorneydayhoff@aol.com

March 10, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Certified Mail, Return Receipt  
Requested

FILED  
03 MAR 12 PM 3:29  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Re: Success Title, LLLP

Dear Sir/Madam:

Please find enclosed each of the following:

1. An original and one copy of a Certificate of Limited Partnership of Success Title, LLLP.
2. An original and one copy of an Affidavit of Capital Contributions for Florida Limited Partnership.
3. An original and one copy of a Statement of Qualification for Florida Limited Liability Limited Partnership.
4. A check in the sum of \$112.50 payable to the Department of State for your filing fees (\$52.50 for the filing fee for the Certificate of Limited Partnership, \$35.00 for the Designation of Registered Agent fee, and \$25.00 for the Statement of Qualification Fee).

Please file the above original documents and kindly return to me a file stamped copy of all of the above documents.

Thanking you in advance for your cooperation, I am

Sincerely yours,

  
CHARLES S. DAYHOFF III

CSD:bf  
Enclosure  
cc: Eagle Title & Abstract Corporation  
03-1932-DC

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
SUCCESS TITLE, LLLP,  
a Florida limited partnership**

**FILED**  
03 MAR 12 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is **SUCCESS TITLE, LLLP**.
2. The address of the Partnership is 5020 Central Avenue, St. Petersburg, Florida 33707.
3. The name and address of the agent for service of process on the Partnership are JARRELL BRITTS, 5020 Central Avenue, St. Petersburg, Florida 33707.
4. The name and business address of the sole general partner are EAGLE TITLE & ABSTRACT CORPORATION, 5020 Central Avenue, St. Petersburg, Florida 33707.
5. The mailing address of the Partnership is 5020 Central Avenue, St. Petersburg, Florida 33707
6. The latest date on which the Partnership shall dissolve is twenty (20) years after the date hereof.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**IN WITNESS WHEREOF**, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of SUCCESS TITLE, LLLP.

**GENERAL PARTNER:  
EAGLE TITLE & ABSTRACT CORPORATION, a  
Florida corporation**

By: 

Name: JARRELL BRITTS

Title: President



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

The undersigned, constituting all of the general partners of **SUCCESS TITLE, LLLP**, a Florida Limited Liability Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$0.00.

The total amount contributed and anticipated at this time to be contributed by the limited partners totals \$2,000.00.

Signed this 14 day of January, 2003.

FURTHER AFFIANT SAITH NAUGHT.

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.

**EAGLE TITLE & ABSTRACT  
CORPORATION, a Florida corporation**

By: \_\_\_\_\_

Jarrell Britts, President  
General Partner

**FILED**  
03 MAR 12 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA