A03000009920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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03 JUN 23 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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ACCT. #FCA-14

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TALLAHASSEE, FLORIDA

CONTACT: ED

DATE: 06-23-03

REF. #: 0170.17158

CORP. NAME: SECURE US TITLE NETWORK, LLLP

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME

( ) FOREIGN QUALIFICATION (X) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY

( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL

( ) CERTIFICATE OF CANCELLATION

( ) OTHER:

STATE FEES PREPAID WITH CHECK# 62916$ 131.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $_____**

PLEASE RETURN:

( ) CERTIFIED COPY (X) CERTIFICATE OF GOOD STANDING (X) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Secure US Title Network, Ltd.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Insert limited partnership's Florida document number: _____
or
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
to read as Secure US Title Network, LLLP
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: _____
(if different from current recorded address): _____

4. The street address of principal office in Florida: _____
(if different from above) _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
x as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____.

7. The name and Florida street address of the partnership's agent for service of process:
CRAIG F. BEHRENFELD
601 Bayshore Blvd., Suite 700
Tampa, Florida 33606

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 19th day of June, 2003.

Signature of TWO Partners: _____

_____

Typed or printed names of partners signing above: Secure Financial, Inc., by Terry M. Skocher, President
US Title Network, Inc., by Kevin E. Cavasos, President

Filing Fee: $25.00
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75

INHS66(1/00)