

A 03 0000000983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

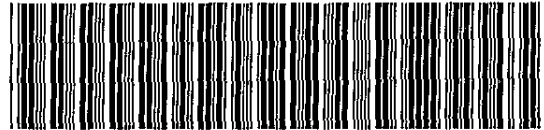
(Business Entity Name)

(Document Number)

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

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07/09/03--01014--001 \*\*121.25

BK

RECEIVED  
03 JUL -9 AM 10:13  
DIVISION OF CLERK OF COURT  
FILED  
03 JUL -9 AM 11:16  
SEALING UNIT  
TALLAHASSEE, FLORIDA

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

**FILE 2ND**

**FILING COVER SHEET  
ACCT. #FCA-14**

**CONTACT:** Kevin R. Roberts

**DATE:** July 9, 2003

**REF. #:** 0170.17628

**CORP. NAME:** CASA SEGURA & SECURE TITLE, LLLP

FILED  
03 JUL -9 AM 11:16  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- |   |   |  |
|---|---|--|
| <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 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 checked="" type="checkbox"/> OTHER: STATEMENT OF QUALIFICATION |   |  |

**STATE FEES PREPAID WITH CHECK# 63042 FOR \$ 121.25 (FOR LP AS WELL)**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

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

**PLEASE RETURN:**

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

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:  
Casa Segura & Secure Title, Ltd.

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 Casa Segura & Secure Title 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:  
Terry M. Skocher  
2827 Post Rock Drive  
Tarpon Springs, Florida 34688

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 8 day of July, 2003.

Signature of TWO Partners: [Signature]

Typed or printed names of partners signing above: Secure Financial, Inc., by Terry M. Skocher, President  
Frontier Capital, Inc., by Mario Quiroz, President

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75