

A03000001815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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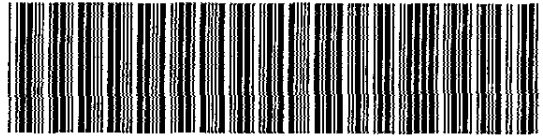
(Business Entity Name)

(Document Number)

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12/26/03--01011--006 \*\*96.25

FILED  
03 DEC 24 AM 7:59  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*BPL*

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 12/24/03

REF. #: 0170.22215

CORP. NAME: SECURE FAMILY TITLE SERVICES, LTD.

**FILE FIRST**  
REC 24 AM 7:59  
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STATE  
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:                      |   |  |

**FILE FIRST**

RECEIVED  
03 DEC 24 PM 12:19  
DIVISION OF CORPORATION

STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 96.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

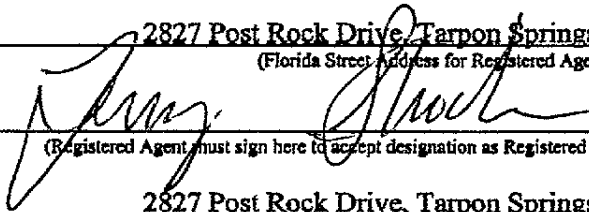
\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

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 FAMILY TITLE SERVICES, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." Or "Limited Partnership")
2. 1230 66<sup>th</sup> Street North, St. Petersburg, Florida 33710  
(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 34684  
(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.

2827 Post Rock Drive  
Tarpon Springs, Florida 33684

897000009825  
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 23 day of Dec., 2003.

Signature of all general partners:

SECURE FINANCIAL, INC.,  
a Florida corporation

By: 

Susan Skocher, President

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*The undersigned constituting all of the general partners of Secure Family Title Services, 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 23rd day of December, 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: 

Susan Skocher, President