

A04060000333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

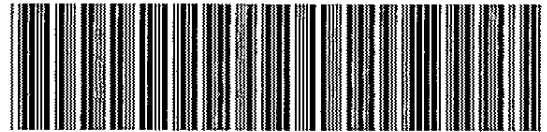
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900029383649

03/02/04--01002--018 **619.29

RECEIVED

04 MAR -1 PM 4:45

DIVISION OF CORPORATION

FILED

04 MAR -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

CT CORPORATION

March 1, 2004

FILED
04 MAR - 1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6041274 SO
Customer Reference 1:
Customer Reference 2:

358.00⁰⁴

Dear Secretary of State, Florida:

Please file the attached:

Southern Home Mortgage Services, Limited Partnership
Formation
Florida

Southern Home Mortgage Services, Limited Partnership
Cert Copy of Certificate of LP
Florida

Southern Home Mortgage Services, Limited Partnership
Certificate of Status-Foreign
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

FILE
SECOND

CT CORPORATION

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com


FILED
04 MAR -1 AM 10:02
SERIALS SECTION
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A WoltersKluwer Company

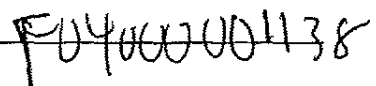
CERTIFICATE OF LIMITED PARTNERSHIP

FILED
04 MAR -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Southern Home Mortgage Services, Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 4400 Bayou Boulevard, Suite 40, Pensacola, Florida 32503
(Business address of Limited Partnership)
3. C T Corporation System
(Name of Registered Agent for Service of Process)
4. c/o C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)
C T Corporation System
5. By: 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
SHEILA CLARK
Assistant Secretary
6. c/o Chase Ventures Holdings, Inc. 343 Thornall Street, Edison, New Jersey, 08837
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 2/2024
8. Name(s) of general partner(s): _____ Street address: _____


Chase Ventures Holdings, Inc. 343 Thornall Street, Edison, NJ 08837

 _____

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 17th day of February, 2004.

Signature of all general partners:

<u></u> General Partner	_____ General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner

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

The undersigned constituting all of the general partners of Southern Home Mortgage Services,
Limited Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 74,725

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 74,725

Signed this 17th day of February, 2004

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*



General Partner

General Partner

General Partner

General Partner

General Partner

General Partner