

AD4 000000787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

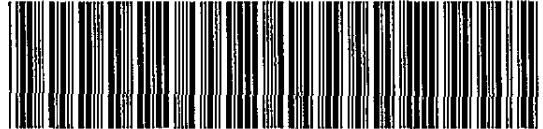
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400032436114

05/14/04--01002--020 **131.05

FILED
04 MAY 13 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

33.75

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

FILING COVER SHEET
ACCT. #FCA-14

FILE SECOND!
FILED
MAY 13 AM 8:24
TALLAHASSEE, FLORIDA
DEPT. OF STATE

CONTACT: TRICIA TADLOCK

DATE: 05-13-04

REF. #: 0170.26200

5/13

CORP. NAME: SECURE CHOICE TITLE, LLLP

- | | | |
|---|---|--|
| <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 | | |

RECEIVED
MAY 13 AM 10:54
DEPT. OF STATE
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 65254 FOR \$ 33.75.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☒ 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 Choice 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 Secure Choice 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 4th day of May, 2004

Signature of TWO Partners:

Ehud Rotondo, m.e. Terry M. Skocher

Typed or printed names of partners signing above: Secure Financial, Inc., by Susan Skocher, President

Choice Title Services LLC, by Robert Rotondo

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75