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| (Re | equestor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
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| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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98.00

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

FILING COVER SHEET ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 05-13-04

REF. #: <u>0170.26200</u>

CORP. NAME: SECURE CHOICE TITLE, LTD.



(XX) PLAIN STAMPED COPY

| / * 4 | | | |
|---|----------------------------|-----------------------------|--|
| () ARTICLES OF INCORPORATION | () ARTICLES OF AMENDMENT | () ARTICLES OF DISSOLUTION | |
| () ANNUAL REPORT | () TRADEMARK/SERVICE MARK | () FICTITIOUS NAME | |
| () FOREIGN QUALIFICATION | (XX) LIMITED PARTNERSHIP | () LIMITED LIABILITY | |
| () REINSTATEMENT | () MERGER | () WITHDRAWAL | |
| () CERTIFICATE OF CANCELLATION | | | |
| () OTHER: | | | |
| STATE FEES PREPAID WITH CHECK# 65254 FOR \$ 98.00. AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: COST LIMIT: \$ | | | |
| PLEASE RETURN: | | | |

() CERTIFICATE OF GOOD STANDING

Examiner's Initials

() CERTIFIED COPY

() CERTIFICATE OF STATUS

CERTIFICATE OF LIMITED PARTNERSHIP

| 1. SECURE CHOICE TITLE. | | | | |
|--|---|--|--|--|
| (Name of Limited Partnership; must contain a suffix such as "Limit | ed", "Ltd." Or "Limited Partnership") | | | |
| 2. 2822 East State Road 64, Bradenton, Florida 34208 (Business address of Limited Partnership) | | | | |
| 3. Terry M. Skocher (Name of Registered Agent for Service of | of Process) | | | |
| 4. 2827 Post Rock Drive, Tarpon Spr | ings, Florida 34684 | | | |
| (Florida Street Address for Registered | magent) | | | |
| (Registered Agent must sign here to accept designation as Regist | tered Agent for Service of Process) | | | |
| 6. <u>2827 Post Rock Drive, Tarpon Springs, Florida 34684</u> (Mailing Address of the Limited Partnership) | | | | |
| 7. The latest date upon which the Limited Partnership is to after the date hereof. | be dissolved is: ninety nine years | | | |
| 8. Name(s) of general partner(s): | Street address: | | | |
| | 2827 Post Rock Drive | | | |
| Secure Financial. Inc. | Tarpon Springs, Florida 33684 | | | |
| Under penalties of perjury I declare that I we have read the thereof and that the facts stated herein are true and correct | | | | |
| Signed this 11 day of Matt. 2004. | • · · · · · · · · · · · · · · · · · · · | | | |
| Signature of all general partners: | | | | |
| | | | | |

SECURE ENANGIAL, INC., a Florida corporation

Susan Stocher, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of Secure Choice Title, Ltd., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$9,000.

The total amount contributed and anticipated at this time to be contributed by the limited partners totals \$9,000.

Signed this 1 day of May, 2004.

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

Susan Skother, President