

A04000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

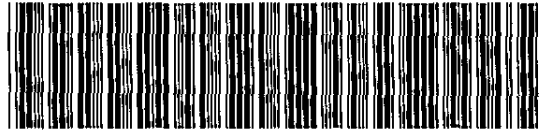
(Business Entity Name)

(Document Number)

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

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BK

RECEIVED  
04 JUN 18 AM 10:19  
JUDICIAL DIVISION  
TALLAHASSEE, FLORIDA

FILED  
04 JUN 18 PM 12:16  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

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: 6/18/04

REF. #: 0170.27317

CORP. NAME: HOME SECURE TITLE, LTD.

**FILE FIRST!**  
JUN 18 PM 12:16  
TALLAHASSEE, 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:                      |   |  |

STATE FEES PREPAID WITH CHECK# 65503 FOR \$ 98.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

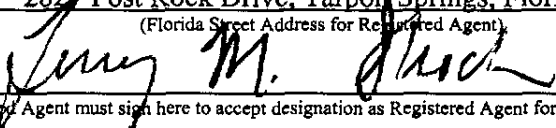
PLEASE RETURN:

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

FILED  
04 JUN 18 PM 12:16  
SECURITIES STATE  
TALLAHASSEE, FLORIDA

1. HOME SECURE TITLE, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." Or "Limited Partnership")
2. 7250 Ulmerton Road, Suite C, Largo, Florida 33771  
(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. 7250 Ulmerton Road, Suite C, Largo, Florida 33771  
(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

89766009825  
*Under penalties of perjury I 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 16<sup>th</sup> day of June, 2004.

Signature of all general partners:

SECURE FINANCIAL, INC.,  
a Florida corporation

By: 

Susan Skocher, President

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

*The undersigned constituting all of the general partners of Home Secure 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 16<sup>th</sup> day of June, 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

By: \_\_\_\_\_

Susan Skocher, President