

87.50

A04000001595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

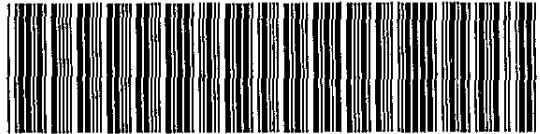
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/11/04--01004--006 **121.25

RECEIVED
04 OCT 11 AM 10:13
DIVISION OF CORPORATION

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 10-11-04

REF. #: 0170.30665

CORP. NAME: SKY SECURE TITLE, LTD.

*File
1st

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- | | | |
|--|---|--|
| <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# 66290 FOR \$ 87.50.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

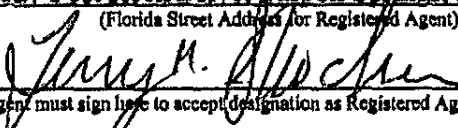
PLEASE RETURN:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SKY SECURE TITLE, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." Or "Limited Partnership")
2. 8695 College Parkway, Ft. Myers, Florida 33919
(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 34688
(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 34688
(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.

P97000001825

2827 Post Rock Drive
Tarpon Springs, Florida 33688

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 24th day of Sept., 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 Sky Secure Title, Ltd., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 7,000.

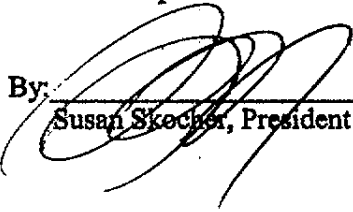
The total amount contributed and anticipated at this time to be contributed by the limited partners totals \$ 7,000.

Signed this 24th day of Sept., 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 Skochev, President