

A04000001683

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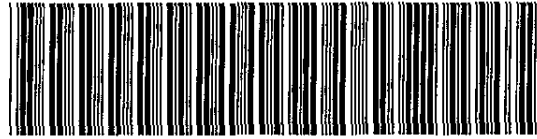
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10/26/04--01061--009 \*\*121.25

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04 OCT 26 PM 1:12

STATE  
TALLAHASSEE, FLORIDA

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04 OCT 26 AM 10:49

STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
22E-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 10-26-04

REF. #: 0170.31178

CORP. NAME: SECURE TITLE NETWORK, LTD.

*\*File  
First*

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04 OCT 26 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |   |   |  |
|---|---|--|
| <input checked="" 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# 66422 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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SEC. OF STATE  
TALLAHASSEE, FLORIDA

1. SECURE TITLE NETWORK, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." Or "Limited Partnership")
2. 8695 College Parkway, Suite 320, 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. *Terry M. Skocher*  
(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.

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 7<sup>th</sup> day of Oct., 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 Secure Title Network, 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 7<sup>th</sup> day of Oct., 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