

A050000000432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

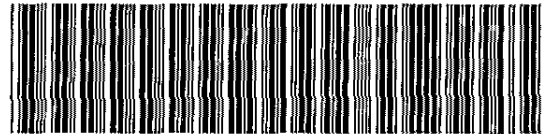
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05 FEB 28 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 FEB 28 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET
ACCT. #FCA-14

*FILE SECOND
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FEB 28 PM 2:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CONTACT: TRICIA TADLOCK

DATE: 02-25-05

REF. #: 0170.35299

CORP. NAME: SECURE TITLE OF CENTRAL FLORIDA, 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 | | |

STATE FEES PREPAID WITH CHECK# 67256 FOR \$ 33.75.

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 checked="" type="checkbox"/> 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 Title of Central Florida, 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 Title of Central Florida, 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 15 day of February, 2005.

Signature of TWO Partners: _____ Secure Financial, Inc.

Typed or printed names of partners signing above: Secure Financial, Inc., by Susan Skocher, President
Lake Alfred Professional Services, Inc., by James F. Pyle, President

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

INHS66(1/00)