

A050000000691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

*[Handwritten Signature]*

Office Use Only



400049445224

04/08/05--01042--015 \*\*121.25

**FILED**  
05 APR - 8 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**RECEIVED**  
05 APR - 8 PM 1:15  
OFFICE OF THE 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!**

**FILED**  
05 APR -8 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 04/08/2005

REF. #: 0170.36689

CORP. NAME: GULF ATLANTIC TITLE GROUP, 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: LLLP      |   |  |

STATE FEES PREPAID WITH CHECK# 67587 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:  
**Gulf Atlantic Title Group, 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. The complete name of the entity after filing Statement of Qualification shall be:

**Gulf Atlantic Title Group, LLLP**

(Must include LLLP or 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:

**Marlen Rodriguez**

**6175 NW 153 Street #100**

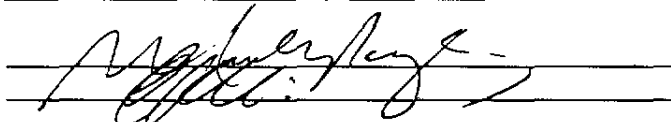
**Miami Lakes**

**Florida 33014**

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 6th day of April, 2005.

Signature of TWO Partners:



Typed or printed names of partners signing above: Countywide Title, Inc., by Marlen Rodriguez  
Carousel Mortgage Loan, Corp., by ~~XXXXXX~~

Enrique Amador

Filing Fee: \$25.00  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

**FILED**  
05 APR -8 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA