

A0500000811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

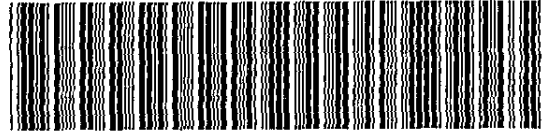
(Document Number)

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04/25/05--01018--019 \*\*138.75

FILED  
05 APR 25 PM 12:23  
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 FIRST!**  
APR 25 PM 12:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 04/25/2005

REF. #: 000170.37203

CORP. NAME: LEE HARBOR TITLE, LTD.

- |  |   |  |
|--|---|--|
| <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# 67680 FOR \$ 105.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

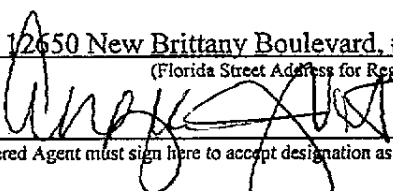
PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <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  
05 APR 25 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. LEE HARBOR TITLE, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." Or "Limited Partnership")
2. 12650 New Brittany Boulevard, #102A, Ft. Myers, Florida 33907  
(Business address of Limited Partnership)
3. Angela J. Voit  
(Name of Registered Agent for Service of Process)
4. 12650 New Brittany Boulevard, #101, Ft. Myers, Florida 33907  
(Florida Street Address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 12650 New Brittany Boulevard, #102A, Ft. Myers, Florida 33907  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 99 years after the date hereof.

8. Name(s) of general partner(s):

Street address:

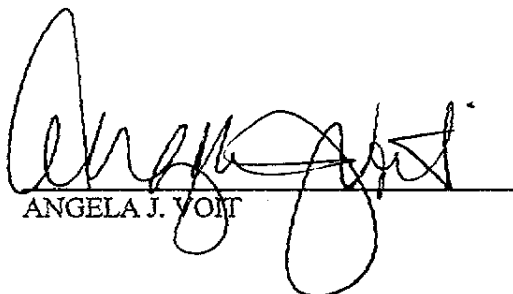
ANGELA J. VOIT

12650 New Brittany Blvd., #101  
Ft. Myers, Florida 33907

*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 20<sup>th</sup> day of April, 2005.

Signature of all general partners:

  
ANGELA J. VOIT

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

*The undersigned constituting all of the general partners of Lee Harbor Title, Ltd., a Florida Limited Partnership, certify:*

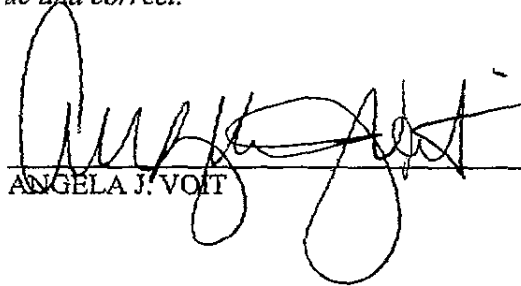
The amount of capital contributions to date of the limited partners is \$10,000.00.

The total amount contributed and anticipated at this time to be contributed by the limited partners totals \$10,000.00.

Signed this 20<sup>th</sup> day of April, 2005.

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.*

  
ANGELA J. VOIT