

A04 000 000 101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

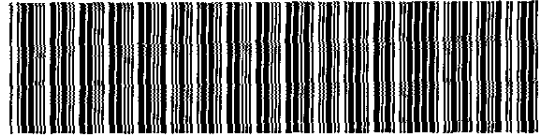
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/20/04--01001--024 **131.75

BAK

RECEIVED
04 JAN 16 PM 4: 27
DIVISION OF CORPORATION

FILED
04 JAN 16 AM 8: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

~~33.75~~

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK
DATE: 01-16-04
REF. #: 0170.22726
CORP. NAME: SECURE USA TITLE, LLLP

9/16

File
2 NO

RECEIVED FILED
04 JAN 16 PM 12:09
04 JAN 16 AM 8:48
STATE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- ARTICLES OF INCORPORATION
- ARTICLES OF AMENDMENT
- ARTICLES OF DISSOLUTION
- ANNUAL REPORT
- TRADEMARK/SERVICE MARK
- FICTITIOUS NAME
- FOREIGN QUALIFICATION
- LIMITED PARTNERSHIP
- LIMITED LIABILITY
- REINSTATEMENT
- MERGER
- WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER: STATEMENT OF QUALIFICATION FOR FL LLLP

STATE FEES PREPAID WITH CHECK# 64419 FOR \$ 33.75.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY
- CERTIFICATE OF GOOD STANDING
- PLAIN STAMPED COPY
- CERTIFICATE OF STATUS - REFLECTING THE QUALIFICATION OF THE L.P. AS A L.L.L.P.

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 USA Title, 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 USA Title 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 14th day of January, 2004.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: Secure Financial, Inc., by Susan Skocher, President
Michele Tygar

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75