

Apr. 19. 2018 2:16PM

GRAY ROBINSON

No. 0148 P. 1

4/19/2018

Division of Corporations

Florida Department of State
Division of Corporations
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From: Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407-244-5690
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dmoore@libertyprop.com

FLORIDA/FOREIGN LP/LLLP
Liberty Storage Orlando Magnolia, LLLP

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APR 20 2018

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Liberty Storage Orlando Magnolia, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P. or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 834 Highland Avenue

(Street address of initial designated office)

Orlando, Florida 32803

3. Wm. Michael Mikkelsen

(name of Registered Agent for Service of Process)

4. 834 Highland Avenue

(Florida street address for Registered Agent)

Orlando, Florida 32803

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to Comply with the provisions of all statutes relative to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

Wm. Michael Mikkelsen
Signature of Registered Agent

6. 834 Highland Avenue

(Mailing address of initial designated office)

Orlando, Florida 32803

7. If limited partnership elects to be a limited liability limited partnership, check box



8. Name and address of each general partner:

Name:

Business Address:

Liberty Storage Orlando Magnolia GP, LLC

834 Highland Avenue
Orlando, Florida 32803

9. Effective date, if other than the date of filing: _____

*(Effective date cannot be prior to nor more than 90 days after the date the document is
Filed by the Florida Department of State.)*

Signed this 19th day of April, 2018.

Signature of each general partner: I/We submit this document and affirm that the facts
Stated herein are true. I/We am/are aware that any false information submitted in a
Document to the Department of State constitutes a third degree felony as provided for in
s.817.155, F.S.

LIBERTY STORAGE ORLANDO MAGNOLIA GP, LLC,
a Florida limited liability company

By: Wm. Michael Mikkelsen
Wm. Michael Mikkelsen, CEO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|----------------------------------|---|
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| Certified Copy (optional) | \$52.50 |
| Certificate of Status (optional) | \$8.75 |

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