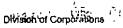
3/14/2018



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Ta:

Division of Corporations

Fax Number

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1.3

From: Carrie Ramos, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRĀYROBINSON, P.A. - ORLANDO

Account Number : 120010000078

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 Jacksonville San Marco, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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Electronic Filing Menu

Corporate Filing Menu

S. WARREN

MAR 1 4 2018

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CERTIFICATE OF LIMITED PARTNERSHIP FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. Liberty Storage Jacksonville San Marco, 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. <u>83'4 Highland Avenue</u> (Street address of initial designated office)
Orlando, Florida 32803
3. Wm. Michael Mikkelson
(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. 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
Page 1 of 2

8. Name and address of each general partner:			
<u>Name:</u>		Business Address;	
Liberty Storage Jacksonville San Ma	arco 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 13 rd day of March, 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 JACKSONVILLE SAN MARCO GP, LLC, a Florida limited liability company			
By: Mr. Michael Mikkelson, CEO			
Filing Fees: Certified Copy (optional) Certificate of Status (optional)	\$1,000.00 (\$965 Filin \$52.50 \$8.75	g fee and \$35 Registered Agent Fee)	

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