

A04000000102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

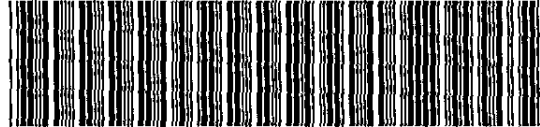
(Business Entity Name)

(Document Number)

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

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600027000156

Please sign and date below

BX

04 JAN 16 PM 4:27  
DIVISION OF REVENUE

04 JAN 16 AM 8:56  
FILED  
TALLAHASSEE, FLORIDA

GRAY | ROBINSON  
ATTORNEYS AT LAW

SUITE 600  
301 SOUTH BRONOUGH ST. (32301)  
POST OFFICE BOX 11189  
TALLAHASSEE, FL 32302 3189  
TEL 850 222-7717  
TEL 850 577 9090  
FAX 850 222-3494  
FAX 850-577-3311  
gray.robinson.com

CLERMONT  
KEY WEST  
LAKE LAND  
MELBOURNE  
ORLANDO  
TALLAHASSEE  
TAMPA

January 16, 2004

Division of Corporations  
George Firestone Building  
409 East Gaines Street  
Tallahassee, FL 32301

Via Hand Delivery

To Whom It May Concern:

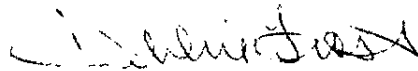
9/116

Enclosed for filing, please find the **CERTIFICATE OF LIMITED PARTNERSHIP AND REGISTERED AGENT CERTIFICATE**, along with a check in the amount of \$201.25 for the applicable filing fees plus **2 CERTIFIED COPIES** and **1 CERTIFICATE OF ACTIVE STATUS** for the following entity:

**USA STOR-A-WAY AT OSPREY, LTD.**

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 222-7717, when the documents are ready. Thank you for your assistance in this matter.

Very truly yours,



Debbie Frost  
Office Administrator

/dyf  
Enclosures

LP- 87.50  
CERT 113.75

FILED  
04 JAN 16 AM 9 58  
TALLAHASSEE, FL 32301

FILED  
04 JAN 16 PM 1:11  
TALLAHASSEE, FL 32301

**CERTIFICATE OF LIMITED PARTNERSHIP OF**

**USA STOR-A-WAY AT OSPREY, LTD.**

**a Florida Limited Partnership**

FILED  
JAN 16 PM 8 56  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

1. Name. The name of the limited partnership is as follows:

**USA STOR-A-WAY AT OSPREY, LTD.**

2. Name and Address of Registered Agent. The name and address of the registered agent and office for service of process of the limited partnership are as follows:

Gary V. Cardamone  
4051 West State Road 46  
Sanford, FL 32771

3. General Partner. The name and address of the general partner of the limited partnership is as follows:

USA OSPREY, INC.  
4051 West State Road 46  
Sanford, FL 32771

PO4000009748

4. Location of Principal Place of Business and Mailing Address. The location of the principal place of business and mailing address of the limited partnership is as follows:

4051 West State Road 46  
Sanford, FL 32771

5. Latest Date of Dissolution. The latest date upon which the Partnership is to dissolve is December 31, 2053.

Under penalties of perjury, the undersigned declares that the undersigned has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Signed this 14 day of January, 2004.

**USA STOR-A-WAY AT OSPREY, LTD., a Florida Limited Partnership**

By: USA OSPREY, INC., a Florida Corporation, the General Partner

By:   
Gary V. Cardamone, its President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

THE UNDERSIGNED, Gary V. Cardamone, in his capacity as a President of USA OSPREY, INC., a Florida corporation, the General Partner of USA STOR-A-WAY AT OSPREY, LTD., a Florida limited partnership, hereinafter referred to as the APartnership, @ upon being sworn, certifies as follows:

1. The amount of capital contributions to date of the limited partners of the Partnership is \$40.00.
2. The total amount of capital contributions contributed and anticipated to be contributed by the limited partners is \$40.00

Signed this 14 day of January, 2004.

FURTHER AFFIANT SAYETH NOT.

Under penalty of perjury, I declare that I have read the foregoing, and that the facts set forth therein are true and correct to the best of my knowledge and belief.

**USA STOR-A-WAY AT OSPREY, LTD., a  
Florida Limited Partnership**


By: USA OSPREY, INC., a Florida Corporation,  
the General Partner

By:   
Gary V. Cardamone, its President

**REGISTERED AGENT CERTIFICATE**

Having been named to accept service of process for USA STOR-A-WAY AT OSPREY, LTD., a Florida limited partnership, I hereby accept appointment as its agent and agree to act in this capacity. I further agree to comply with the provisions of all Florida statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED this 14 day of January, 2004.

  
\_\_\_\_\_  
Gary V. Cardamone