

A05000001159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

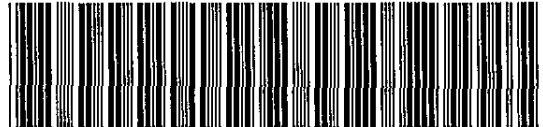
(Business Entity Name)

(Document Number)

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4 OFFICE JUN 13 2005

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Port St - Lucie Self Storage, Ltd
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP
OF
PORT ST. LUCIE SELF STORAGE, LTD.

1. Name of Limited Partnership: Port St. Lucie Self Storage, Ltd.
2. Business Address of Limited Partnership: 600 West Hillsboro Boulevard, Suite 220, Deerfield Beach, Florida 33441-1610.
3. Name of Registered Agent: Mark J. Lynn, Esquire
4. Address of Registered Agent: 2101 West Commercial Boulevard., Suite 2800, Fort Lauderdale, FL 33309.
5. Signature of Registered Agent: 
6. Mailing Address of Limited Partnership: 600 West Hillsboro Boulevard, Suite 220, Deerfield Beach, Florida 33441-1610.
7. Duration: The Limited Partnership shall have a duration of fifty (50) years.
8. Name of General Partner: Port St. Lucie Storage Management, LLC
#L05000058133
Specific Address: 600 West Hillsboro Boulevard, Suite 220
Deerfield Beach, Florida 33441-1610

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.

Signed this 10 day of June, 2005.

Signature of general partner:

Port St. Lucie Storage Management, LLC
a Florida limited liability company

By: Port St. Lucie Manager Corp., a
Florida corporation, its Manager

By: 
Seymour Ravinsky, President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR
PORT ST. LUCIE SELF STORAGE, LTD.,
A FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of Port St. Lucie Self Storage, Ltd., a Florida limited partnership, certify:

The amount of capital contribution to date of the limited partners is \$ -0-.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 1,500,000.00.

Signed this 10 day of June, 2005.

FURTHER AFFIANT SAYETH NOT.

Under the 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.

General Partner:

Port St. Lucie Storage Management, LLC
a Florida limited liability company

By: Port St. Lucie Manager Corp., a Florida
corporation, its Manager

By: 

Seymour Ravinsky, President

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