A10000056 9

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.

(((H10000211369 3)))

H10000211369 3ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From: lori Ammons
Account Name : TRENAM KEMKER ST. PETE
Account Number : I20060000029
Phone : (727)896-7171
Fax Number : (727)820-0835

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

Email Address: DEANN.LAZZARI-WOJCICKI@Sembler.com

FLORIDA/FOREIGN LP/LLLP
TSCPR Comandante, Ltd., SE

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,008.75

RECEIVED
10 SEP 24 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 SEP 24 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

G. MOLEOD
SEP 27 2010
EXAMINER

(((H10000211369 3)))

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. TSCPR Comandante, Ltd., SE

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

2. 5858 Central Avenue
(Street address of initial designated office)
St. Petersburg, FL 33707-1728

3. Gregory S. Sembler
(Name of Registered Agent for Service of Process)

4. 5858 Central Avenue
(Florida street address for Registered Agent)
St. Petersburg, FL 33707-1728

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 I am familiar with and accept the obligations of my position as registered agent.*

Signature of Registered Agent

6. 5858 Central Avenue
(Mailing address of initial designated office)
St. Petersburg, FL 33707-1728

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

FILED
10 SEP 24 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H10000211369 3)))

(((H10000211369 3)))

8. Name and business address of each general partner:

Name:	Business Address:
TSCPR P1000, Inc.	5858 Central Avenue St. Petersburg, FL 33707-1728

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 23rd day of September, 2010.

Signature of each general partner:

Gregory S Sepblet, President of GP

Filing Fees:	$1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	$52.50
Certificate of Status (optional):	$8.75

(((H10000211369 3)))