

SEP. 24. 11:05AM
Division of Corporations

TRENAM ST. PETE

NO. 10002

Page 1 of 1

A1000000569

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)))



H100002113693ABCX

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

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

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

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

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

Electronic Filing Menu

Corporate Filing Menu

G. MOLEOD

Help

SEP 27 2010

(((H10000211369 3)))

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

1. TSCPR Comandante, Ltd., SE

*(Status 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 LLP.*

2. 5858 Central Avenue
(Street address of initial designated office)

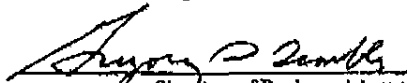
St. Petersburg, FL 33707-1728

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 ☐

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 24 AM 11:54

FILED

(((H10000211369 3)))

(((H10000211369 3)))

8. Name and business address of each general partner:

Name:Business Address:TSCPR P1000, Inc.5858 Central AvenueSt. 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. Seibler
Gregory S. Seibler, 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):

\$9.75

(((H10000211369 3)))