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Division of Corporations

Fax Number : (850)617-6383

From:

: TRENAM, KEMKER, SCHARF, BARKIN, PRYE, O'NEILL & MULLIS, P.A. Account Name

Account Number : 076424003301 Phone

: (813)223-7474 Fax Number : (813)227-0435

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

FLORIDA/FOREIGN LP/LLLP

Storage Quest National Limited Partnership

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J. SAULSBERRY EXAMINER

Helphfr 13 2012

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

Storage Quest National Limited Partnership		
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes:	*	
2. 132 West Plant Street, Suite 210		
(Street address of initial designated office)		_
Winter Garden, Florida 34787		·
3. TK Registered Agent, Inc.	5	28
(Name of Registered Agent for Service of Process)	100 100 100	N
4, 101 E. Kennedy Boulevard, Suite 2700	<u> </u>	DEC,
(Florida street address for Registered Agent)	SAR	ζ12
Tampa, Florida 33602	<u> </u>	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and complete performance of m and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent	theory and the control of the contro	1 0 TO
6,132 West Plant Street, Suite 210		
(Mailing address of initial designated office)		_
Winter Garden, Florida 34787		
7. If limited partnership elects to be a limited liability limited partnership, chec	k box	

Page 1 of 2

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8. Name and business address of e Name:	Business Address:		
Storage Quest Management (G.P.) Ir	132 West Plant Street, Ste. 210		
	Winter Garden, FL 34787 132 West Plant Street, Ste. 210 F12000001300		
	,		
	2812 SE TALL		
	ARC DE TO		
	ASSEEL.		
,	- S T		
9. Effective date, if other than the date of	filing:		
(Effective date cannot be prior to no filed by the Florida Department of .	or more than 90 days after the date the document is State.)		
Signed this 12th day of	of December ,2012		
stated herein arc true. I/We am/are	We submit this document and affirm that the facts aware that any false information submitted in a seconstitutes a third degree felony as provided for in		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2		