Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NBILL & MULLIS, P.A. Account Number : 076424003301 Phone : (813)223-7474 Fax Number : (813)227-0435 **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 Port Charlotte Limited Partnership Certificate of Status Certified Copy 1 02 Page Count Estimated Charge \$1,052.50 Corporate Filing Menu Electronic Filing Menu Help

DEC 2 6 2012

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

Storage Quest Port Charlotte Limited Partnership	
(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.P. or LLLP.	
2, 132 West Plant Street, Suite 210	
(Street address of initial designated office)	~
Winter Garden, Florida 34787	-
3, TK Registered Agent, Inc.	_
(Name of Registered Agent for Service of Process)	-
4, 101 E. Kennedy Boulevard, Suite 2700	
(Florida street address for Registered Agent)	-
Tampa, Florida 33602	
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	2
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, check box]
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<u>Name:</u>	Business Address:
Storage Quest Management (G.P.) Ir	132 W. Plant Street, Ste. 210
	Winter Garden, FL 34787
	
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9. Effective date, if other than the date of	filing:
(Effective date cannot be prior to n filed by the Florida Department of	or more than 90 days after the date the document is State.)
Signed this 21st day	of December ,2012
stated herein are true. I/We am/are	We submit this document and affirm that the facts aware that any false information submitted in a te constitutes 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