

# A13000000036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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13 JAN 17 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN 18 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Starkey Mini Storage L.P.  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Marjorie H. Sindelar  
Contact Person

Starkey Mini Storage L.P.  
Firm/Company

9400 River Crossing Blvd.  
Suite 102  
New Port Richey, FL 34655  
City, State and Zip Code

ard@hrpc.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marge Sindelar at (727) 376-6831 xt 102  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees  
( \$965 Filing Fee and  
\$35 Registered Agent  
Fee)
- ☐ \$1,008.75 Filing Fees  
and Certificate of  
Status
- ☐ \$1,052.50 Filing Fees  
and Certified Copy
- ☒ \$1,061.25 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

FILED  
13 JAN 17 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Starkey Mini Storage L.P.

(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. 9400 River Crossing Boulevard, Suite 102  
(Street address of initial designated office)

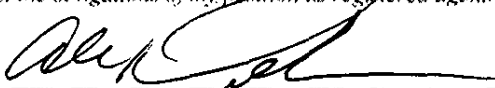
New Port Richey, FL 34655

3. Alex R. Deeb  
(Name of Registered Agent for Service of Process)

4. 9400 River Crossing Boulevard, Suite 102  
(Florida street address for Registered Agent)

New Port Richey, FL 34655

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. 9400 River Crossing Boulevard, Suite 102  
(Mailing address of initial designated office)

New Port Richey, FL 34655

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

8. Name and business address of each general partner:

Name:

Business Address:

Tri County Development, Inc.

9400 River Crossing Boulevard, Suite 102

New Port Richey, FL 34655

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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 14<sup>th</sup> day of January, 2013.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Tri County Development Inc*  
*Alex R Deeb*  
Alex R Deeb President

**Filing Fees:**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**