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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

000262.179675

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

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13 JAN 22 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
STORAGE QUEST HARTSELLE LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

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

1. Storage Quest Hartselle 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.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.

Paul G. Stearn

Signature of Registered Agent

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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8. Name and business address of each general partner:

Name:

Business Address:

Storage Quest Management (G.P.) Inc.

132 West Plant Street, Ste. 210

Winter Garden, FL 34787

FI2-1306

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TALLAHASSEE FLORIDA

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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 21st 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.
Storage Quest Management (G.P.) Inc.

By: Chris Miller, its 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

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