

Oct. 17, 2013 4:15 PM P. 1
Division of Corporations
A13000000639
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: CARRIE RAMOS, PARALEGAL PLEASE FAX CONFIRMATION TO 407 244-5690
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
Independence Retail, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

RECEIVED
13 OCT 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 OCT 17 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

Oct. 17, 2013 4:15PM Gray Robinson

No. 1502 P. 2
H13000231447 3

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

FILED
13 OCT 17 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Independence Retail, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P. or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 600 East Colonial Drive, Suite 100

(Street address of initial designated office)

Orlando, Florida 32803

3. J. Steven Schrimsher

(Name of Registered Agent for Service of Process)

4. 600 East Colonial Drive, Suite 100

(Florida street address for Registered Agent)

Orlando, Florida 32803

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 am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 600 East Colonial Drive, Suite 100

(Mailing address of initial designated office)

Orlando, Florida 32803

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

8. Name and address of each general partner:

Name:

Business Address:

Schrimsher Commercial, Inc.

600 East Colonial Drive, Suite 100
Orlando, Florida 32803

9. Effective date, if other than the date of filing: 17th October 2013

*(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 17th day of OCTOBER, 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.

SCHRIMSHER COMMERCIAL, INC.,
a Florida corporation

By: [Signature]
J. Steven Schrimsher, 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

Page 2 of 2