

JAN. 24.

RENAMER: MKER

**NO**

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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

FROM:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.  
Account Number : 076424003301  
Phone : (813) 223-7474  
Fax Number : (813) 227-0435

13-3109 | 1265

**\*\*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/LLP****Storage Quest Naples Limited Partnership**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$1,052.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Electronic Filing Menu

Corporate Filing Menu

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J. CHAMBERS JAN 27 2013

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

1. Storage Quest Naples 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 W. Plant Street, Suite 210, Winter Garden, Florida 34787

(Street address of initial designated office)

3. TK Registered Agent, Inc.

(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Boulevard, Suite 2700, Tampa, Florida 33602

(Florida street address for Registered Agent)

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.*

Robert G. STERN

Signature of Registered Agent

6. 132 W. Plant Street, Suite 210, Winter Garden, Florida 34787

(Mailing address of initial designated office)

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 W. Plant Street, Suite 210Winter Garden, Florida 34787

## 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 24th day of January, 2014

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: Christopher P. Miller, 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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