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(Re	questor's Name)		
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phon	e #)	
PICK-UP		MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special instructions to Filing Officer:			





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SECRETARY OF STATE

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N. Gulligan OCT-22 2014

COVER LETTER

	Division of Corporations		
	SUBJECT Storage Quest-tolding Name of Resulting Florida Limited Partnership	S Limited PartnerShip or Limited Liability Limited Partnership	
	The enclosed Certificate of Conversion, Certificate of submitted to convert an "Other Organization" into a Limited Liability Limited Partnership in accordance	Florida Limited Partnership or	
Please return all correspondence concerning this matter to:			
	Tina Goff Contact Person	Iwill pick	
/	Sunshine Corporate & Filling Services, Inc. 3458 Lakeshore Drive Tallahassee, FL 32312 Address	· · · · · · · · · · · · · · · · · · ·	
`	City, State and Zip Code		
	Chy, blate and 24p code		
	E-mail address: (to be used for future annual report notific	cation)	
For further information concerning this matter, please call:			
	Name of Contact Person at (850) 508-1891 a Code and Daytime Telephone Number	
	Enclosed is a check for the following amount:		
	\$1,052.50 Filing Fees \$1,061.25 Filing Fees Fees, (\$52.50 for Conversion and Certificate of Status	\$1,105.00 Filing Fees \$\int \\$1,113.75 Filing and Certified Copy Certified Copy, and Certificate of Status	
	STREET ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section Division of Corporations	
	Division of Corporations Clifton Building	P. O. Box 6327	
	2661 Executive Center Circle	Tallahassee, FL 32314	
	Tallahassee, FL 32301		

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Certificate of Conversion For

"Other Business Organization"

Into

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following "Other Business Entity" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s.620.2104, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Storage Quest Holdings Limited Partnership

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited partnership

(Enter entity type. Example: corporation, limited liability company, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Nevada

(Enter state, or if a non-U.S. entity, the name of the country)

July 19, 2011

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached Certificate of Limited Partnership:

Storage Quest Holdings Limited Partnership

(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

- 4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.
- 5. If not effective on the date of filing, enter the effective date:

 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Limited Partnership, if an effective date is listed therein.)
- 6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.
- 7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 20th day of October	20	0_14
Signature of Each General Partner Listed in Attac Partnership/Limited Liability Limited Partnership that the facts stated in this document are true. Any fals degree felony as provided for in s.817.155, F.S.	: Individ	ual(s) signing affirm(s)
Signature: Printed Name: Christopher P. Miller	itle: Presi	dent of General Partner
	1110,	
Signature:	itle:	
Signature:		·
Printed Name:	itle:	<u> </u>
Signature:	*.*	
Printed Name:T	ıtle:	
Signature: T	itle:	
Signature:T	itle:	
Required Signature(s) on behalf of Other Business E that the facts stated in this document are true. Any fall degree felony as provided for in s.817.155, F.S. [See b Signature:	e inform	ation constitutes a third equired signature(s).]
Printed Name: Christopher P. Miller T	tle: Presid	lent of General Partner
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Offi If Directors or Officers have not been selected, an Incorp If Florida General Partnership or Limited Liability P Signature of one General Partner.	orator mu	_
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion:	•	52.50
Fees for Florida Certificate of Limited Partnership (\$965 Filing Fee and \$35 Filing Fee)	s: \$1,0	00.00
Certified Copy: Certificate of Status:	\$ \$	52.50 (Optional) 8.75 (Optional)

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

Storage Quest Holdings 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. 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				

Certificate of Status (optional):

\$8.75

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