

#A/5000000123

Division of Corporations

Teresa S. Good 813-227-0435

01/02/2015 11:44:12 AM

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)227-6435

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P.A.

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

Email Address: tgood@trenam.com

FLORIDA/FOREIGN LP/LLLP

Storage Quest San Francisco Limited Partnership

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

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TALLAHASSEE, FLORIDA

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Storage Quest San Francisco 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

(Street address of initial designated office)

Winter Garden, Florida 34787

3. TK Registered Agent, Inc.

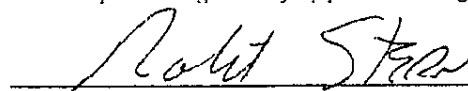
(Name of Registered Agent for Service of Process)

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.*



Signature of Registered Agent

6. 132 W. Plant Street, Suite 220

(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 W. Plant Street, Suite 220

Winter Garden, FL 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 19th day of February, 2015

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/arc 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, Manager

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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