

#A/500000257

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: [schrimsherprop@aol.com](mailto:schrimsherprop@aol.com)

2015 APR 24 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED  
15 APR 24 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA/FOREIGN LP/LLLP  
Independence Retail East, LLLP

Certificate of Status	0
Certified Copy	0
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K. SALY  
EXAMINER  
APR 27 2015

Electronic Filing Menu

Corporate Filing Menu

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

FILED  
2015 APR 24 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Independence Retail East, 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



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8. Name and address of each general partner:

Name:

Business Address:

Schrimsher Commercial, Inc.

600 East Colonial Drive, Suite 100  
Orlando, Florida 32803

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2015 APR 24 AM 8:22  
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TALLAHASSEE - FLORIDA

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 23rd day of April, 2015.

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: \_\_\_\_\_

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

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