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(((H160001294203)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From: Carrie Ramos, FRP PLEASE FAX CONFIRMATION TO 407 244-5690 Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

; (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: dmoore@libertyprop.com

FLORIDA/FOREIGN LP/LLLP Liberty WS Tampa Brandon, LLLP

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Page Count	03		
Estimated Charge	\$1,000.00		

Electronic Filing Menu

Corporate Filing Merit

Help

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

L.Liberty WS Tampa Brandon, 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. 834 Highland Avenue								
(Street address of initial designated office)								
Orlando, Florida 32803								
Common and								
3. Wm. Michael Mikkelson								
(name of Registered Agent for Service of Process)								
4. 834 Highland Avenue								
(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.								
No. Mad Mills								
Signature of Registered Agent								
6. 834 Highland Avenue								
(Mailing address of initial designated office)								
Orlando, Florida 32803								
SE OF Pure								
7. If limited partnership elects to be a limited liability limited partnership, check box								
Page 1 of 2								

8.	Name:	and	address	٥f	each	peneral	partner:
ш.	1 1001110	B1114	44444		COULT	Pomore	Parmi.

Name:

Business Address:

Liberty WS Tampa Brandon GP, LLC

834 Highland Avenue Orlando, Florida 32803

L1600010061J

9. Effective date, if other than the date of filling;

(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 May, 2016.

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.

LIBERTY WS TAMPA BRANDON GP, LLC, a Florida limited liability company

Wm. Michael Mikkelson, CEO

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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