

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**A1600000418**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000203769 3)))



H160002037693ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 12-2144/RGS  
Fax Number : (813)227-0435

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

2016 AUG 17 PM 1:47

16 AUG 17 PM 1:47

**FLORIDA/FOREIGN LP/LLLP**  
**Seminole Parcel Shipping Limited Partnership**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 AUG 17 AM 10:41

0111630

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 18 2016  
J. HARRIS

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

1. Seminole Parcel Shipping 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.P.,  
or L.LLP.

2. 132 W. Plant Street, Suite 210

(Street address of initial designated office)

Winter Garden, Florida 34787

3. TK Registered Agent, Inc.

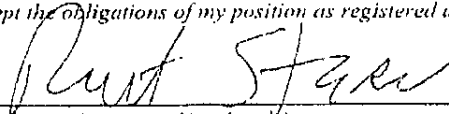
(Name of Registered Agent for Service of Process)

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 ☐

## 8. Name and business address of each general partner:

Name: PI4000086664  
Storage Quest Management (G.P.) Inc.

Business Address:  
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 17th day of August, 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.

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**

Page 2 of 2