Nov. 27. 2017 10:54AM

Gray Robinson

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H170003098013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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

Account Number : 120010000078 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: rrush@whww.com

### FLORIDA/FOREIGN LP/LLLP

#### Coleman Self-Storage, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

Electronic Filing Menu Corporate Filing Menu

Help

# CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. Coleman Self-Storage, LLLP			
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include su Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P. or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L or LLLP.			
2. 329 Park Ayenue North, 2 <sup>nd</sup> Floor			
(Street address of limital designated office)			
Winter Park, Florida 32789			
3. WHWW, Inc., a Florida corporation			
(name of Registered Agent for Service of Process)			
4. 329 Park Avenue North, 2 <sup>nd</sup> Floor			
(Florida street address for Registered Agent)			
Winter Park. Florida 32789			
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree Comply with the provisions of all statutes relative to the proper and complete performance of my dutie, and am familiar with and accept the obligations of my position as registered agent.	E TOO	17 HOV	
By:  Randolph J Rush, Vice President		127 M 9	ורכט
\ Signature of Registered Agent		E	
6. 329 Park Avenue North, 2 <sup>nd</sup> Floor  (Mailing address of initial designated office)		<del></del>	
Winter Park, Florida 32789			
11	-		
•			
7. If limited partnership elects to be a limited liability limited partnership, check box	أحبنسط		

8.	Name and	address	of each	general	partner:
u,	Timme mm	minion	or own	F.O. O. U.	p

Name:

Business Address:

Coleman Commercial, LLC

329 Park Avenue North, 2nd Floor Winter Park, Florida 32789

9. Effective date, if other than the date of filing:

(Effective date comnot be prior to nor more than 90 days after the date the document is Filed by the Florida Department of State.)

Signed this 22 day of November, 2017.

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.

#### GENERAL PARTNER:

COLEMAN COMMERCIAL, LLC.

a Florida limited liability company

By: WARM SPRINGS COMMERCIAL, LLC, its Manager

Kacey Caruthers, Vice President

Filing Fees:

\$1,000.00 (\$965 Filling fee and \$35 Registered Agent Fee)

Certified Copy (optional)

\$52.50

\$8.75

Certificate of Status (optional)

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