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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 : 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: jmschrim@gmail.com

FLORIDA/FOREIGN LP/LLLP
Coleman Flex Storage, LLLP

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

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2-15-19

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

1. Coleman Flex Storage, 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. Jacob M. Schrimsher

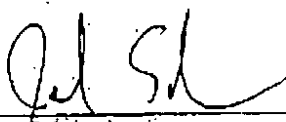
(name of Registered Agent for Service of Process)

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.



Jacob M. Schrimsher

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:

Coleman Commercial, LLC

600 East Colonial Drive, Suite 100
Orlando, Florida 32803

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 12th day of February, 2019.

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: _____

Jacob M. Schrimsher, Manager

Filing Fees:**Certified Copy (optional)****Certificate of Status (optional)****\$1,000.00** (\$965 Filing fee and \$35 Registered Agent Fee)**\$52.50****\$8.75**

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