No. 0790-ROBINSON sion 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. (((H190001865653))) H190001865653ABC8 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 : (850)617-6383 Fax Number From: Carrie Ramos, FRP Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690 Account Name : GRAYROBINSON, P.A. - ORLANDO Account Number : 120010000078 : (407)843-8880 Phone : (407)244-5690 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: <u>dmoore@libertyprop.com</u> Q FLORIDA/FOREIGN LP/LLLP Š **T**! Liberty Storage Jacksonville Durbin Park, LLLP Ph. 12: 25 Certificate of Status 0 PH IO: \sim 0 Certified Copy Ć 03 Page Count 69 \$1,000.00 Estimated Charge ച

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CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. Liberty Storage Jacksonville Durbin Park, LLLP

FILL FLORE (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. 824 Highland Avenue

(Street address of initial designated office)

Orlando, Florida 32803

3. Wm. Michael Mikkelson

(name of Registered Agent for Service of Process)

4. 824 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.

Mon. Michael Pla Clanatives of Desister

6. 824 Highland Avenue

(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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FILL FILL

8. Name and address of each general partner:

Name:

Liberty Storage Jacksonville Durbin Park GP, LLC

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 <u>13th</u> day of <u>June</u>, 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.

LIBERTY STORAGE JACKSONVILLE DURBIN PARK GP, LLC, a Florida limited liability company

By:

Wm. Michael Mikkelson, CEO

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

Business Address:

824 Highland Avenue

Orlando Florida 32803

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