

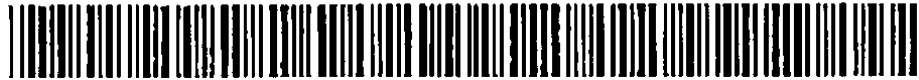
8/29/2018

Division of Corporations

**A1900000352**Florida Department of State  
Division of Corporations  
Electronic Filing Center State

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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: dmoore@libertyprop.com

**FLORIDA/FOREIGN LP/LLP**  
**Liberty WS Nashville Smyrna, LLLP**

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

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Electronic Filing Menu

Corporate Filing Menu

Help

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

1. Liberty WS Nashville Smyrna, 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. 824 Highland Avenue

(Street address of initial designated office)

Orlando, Florida 32803

3. Wm. Michael Mikkelsen

(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.*

Wm. Michael Mikkelsen

Signature of Registered Agent

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

Name:

Liberty WS Nashville Smyrna GP, LLC

Business Address:824 Highland Avenue  
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 28th day of August, 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 WS NASHVILLE SMYRNA GP, LLC,  
a Florida limited liability company

By: Wm. Michael Mikkelsen  
Wm. Michael Mikkelsen, 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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