

Sep. 26. 2019 10:32AM

GRAY ROBINSON

No. 0918 P. 1

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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.

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To: Division of Corporations
Fax Number : (850)617-6383

From: **Carrie Ramos, FRP Paralegal PLEASE FAX CONFIRMATION TO 407 843-8880**
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: dmoore@libertyprop.com

FLORIDA/FOREIGN LP/LLP
Liberty WS Tampa Veterans, LLLP

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SEP 27 2019

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

1. Liberty WS Tampa Veterans, 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.


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:

Business Address:

Liberty WS Tampa Veterans GP, LLC

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 24th day of September, 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 Document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LIBERTY WS TAMPA VETERANS GP, LLC,
a Florida limited liability company

By: 
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