

A2000000620

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H20000421053 3)))



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To:

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

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)227-0435

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rickdeeb@gmail.com

2020 DEC 11 PM 5:40
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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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FLORIDA/FOREIGN LP/LLLP
STS, Ltd.

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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December 10, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

SUBJECT: STS, LTD.
REF: W20000140146

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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KYLE D BRUMBLEY FAX Aud. #: H20000421053
Regulatory Specialist II Supervisor Letter Number: 920A00024803
Registration Section

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STS of Pinellas, Ltd.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

KIMBERLY WALTERS

Contact Person

TRENAM LAW

Firm/Company

101 EAST KENNEDY BLVD., SUITE 2700

Address

TAMPA, FLORIDA 33602

City, State and Zip Code

Rick.Daeb@Gardil.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY WALTERS at (813) 202-7801
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2B030 (6/17)

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

FILE
2020 DEC 11 PM 5:40
SECURITIES DIVISION
TALLAHASSEE, FLORIDA

1 STS of Pinellas, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 9400 River Crossing Blvd., Suite 102

(Street address of initial designated office)

New Port Richey, Florida 34655

3. Richard G. Deeb

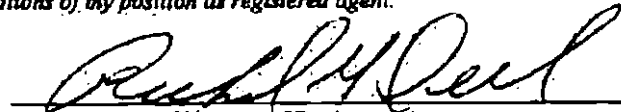
(Name of Registered Agent for Service of Process)

4. 9400 River Crossing Blvd.

(Florida street address for Registered Agent)

New Port Richey, Florida 34655

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 I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

6. 9400 River Crossing Blvd., Suite 102

(Mailing address of initial designated office)

New Port Richey, Florida 34655

7. If limited partnership elects to be a limited liability limited partnership, check box .

8. Name and business address of each general partner:

Name:

Business Address:

Richard G. Deeb, as Trustee of the Richard G. Deeb Trust

9400 River Crossing Blvd., Suite 102

New Port Richey, Florida 34655

FILED
2020 DEC 11 PM 5:41
TALLAHASSEE FLORIDA

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 7th day of December 2020

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.



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