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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

FLORIDA/FOREIGN LP/LLLP STS, Ltd.

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K. SALY



December 10, 2020

FLORIDA DEPARTMENT OF STATE

TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NIELL 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

(((H20000421053 3)))

COVER LETTER

TO:	Registration Section Division of Corporations			
SUB	JECT STS of Pinellas, Ltd. Name of Florida Limited	Partnership or Lin	oited Liability Limited Partnership	
The e	enclosed Certificate of Limited Partne			
Pleas	e return all correspondence concerni	ng this matter to	:	
KIMI	BERLY WALTERS			
	Contact Person			
TREE	IAM LAW			
	Firm/Company			
101 E	AST KENNEDY BLVD., SUITE 2700			
	Address		-	
TAM	PA, FLORIDA 33602			
	City, State and Zip Code			
Ric	KO e es C Garant L Cu E-mail address; (to be used for future annual	report notification	<u>)</u>	
For f	urther information concerning this m	atter, please cal	14:	
KIMI	BERLY WALTERS	at (<u>813</u>	202-7801	
	Name of Contact Person	Area Cod	and Daylime Telephone Number	
Encl	osed is a check for the following arm	ount:		
(S \$3	1,000.00 Filing Fees \$1,008.75 Filing Fees and Certificate of Status:	ess S1,052.50 and Certifi	Filing Fees S1,061.25 Filing Fees, cd Copy Certified Copy, and Certificate of Status	
STD	EET ADDRESS:	MA	ILING ADDRESS:	
-	stration Section		Registration Section	
_	sion of Corporations	,,,	sion of Corporations	
	on Building	_	. Box 6327	
	Executive Center Circle habassee, FL 32301	Tall	ahassee, FL 32314	
CR2I	B0 30 (6/17)			

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

FOR ·	3
FLORIDA LIMITED PARTNERSHIP	B 1
OR ♣ 🦟	"a /
LIMITED LIABILITY LIMITED PARTNERSHIP	. B. (J.
3	2 5 C
$ ag{7}$	in the terms of th
STS of Pinellas, Ltd.	Contract of the second
Name of Limited Partnership on Limited Liability Limited Partnership, which must include suffix) Acceptable Limited artnership suffices: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership uffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	AND OF STREET OF THE STREET OF
9400 River Crossing Blvd., Suite 102	
(Street address of initial designated office)	
New Port Richey, Florida 34655	
Richard G. Decb	
(Name of Registered Agent for Service of Process)	
9400 River Crossing Blvd.	
(Flurida street address for Registered Agent)	
New Port Richey, Florida 34655	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to convit the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiately and accept the obligations of my position as registered agent. Signature of Registered Agent	npty lar
9400 River Crossing Blvd., Suite 102	
(Mailing address of initial designated office)	
New Port Richey, Florida 34655	
If limited partnership elects to be a limited liability limited partnership, check box .	

Page 1 of 2

(((H20000421053 3)))

8. Name and business address of ea <u>Name:</u>	Business Address:				
Richard G. Dech. sa Trustee of the Richard G. Deeb To	9400 River Crossing Blvd., Suite 102				
	New Port Richey, Florida 34655				
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	<u> </u>	Si - m			
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the Florida Department of State.) Note: If the date inserted in this blo	ate of filing: r. more than 90 days after the data the document is file k does not meet the applicable statutory filing require ument's effective date on the Department of State's re	ements,			
Signed this	_ day of				
herein are true. I/We am/are aware t	We submit this document and affirm that the facts stated that any false information submitted in a document to its degree felony as provided for in s.817.155, F.S.	ited the			
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2				