

Apr. 18. 2023 9:51AM

No. 0037 P. 1

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Florida Department of State
Division of Corporations
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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 : 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: jake@schrimsherproperties.com

FLORIDA/FOREIGN LP/LLP
Old Florida Springs, LLLP

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

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2023 APR 18 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

A. Jones

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

1. Old Florida Springs, 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. 600 East Colonial Drive, Suite 100
(Street address of initial designated office)

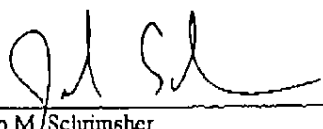
Orlando, Florida 32803

3. Jacob M. Schrimsher
(name of Registered Agent for Service of Process)

4. 600 East Colonial Drive, Suite 100
(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.*



Jacob M. Schrimsher
Signature of Registered Agent

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6. 600 East Colonial Drive, Suite 100
(Mailing address of initial designated office)

Orlando, Florida 32803

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



H23000143120 3

8. Name and address of each general partner:

Name:

OFS Partners, LLC

Business Address:

600 East Colonial Drive, Suite 100
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 17th day of April, 2023.

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.

GENERAL PARTNER:

OFS PARTNERS, LLC,
a Florida limited liability company

By: _____

Jacob M. Schrimsher, Vice President

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

H23000143120 3