

N20000007689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

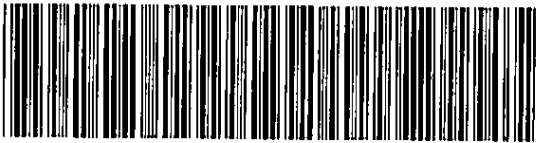
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W20000088203

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2020 SEP -3 PM 2:23  
Filing Office

US  
9/3/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2020

BRET JONES, ESQ.  
700 ALMOND STREET  
CLERMONT, FL 34711

SUBJECT: STORAGE UNITS PARTNERSHIP, LLC  
Ref. Number: W20000088203

We have received your document for STORAGE UNITS PARTNERSHIP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 620A00015182

RECEIVED

SEP 01 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STORAGE UNIT'S PARTNERSHIP, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BRET JONES, ESQUIRE

Name of Person

BRET JONES, P. A.

Firm/Company

700 ALMOND STREET

Address

CLERMONT, FLORIDA 34711

City/State and Zip Code

BJONES@BRETJONESPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAY WALLS, PARALEGAL - BRET JONES, P.A. 352 394-4025

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. STORAGE UNITS PARTNERSHIP, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. ALABAMA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-5223474

(FEI number, if applicable)

4. OCTOBER 1, 2019

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 350 E. CROWN POINT ROAD

(Street Address of Principal Office)

6. SAME

(Mailing Address)

SUITE 1080

WINTER GARDEN, FLORIDA 34787

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BRET JONES, P.A.

Office Address: 700 ALOMOND STREET

CLERMONT, FLORIDA

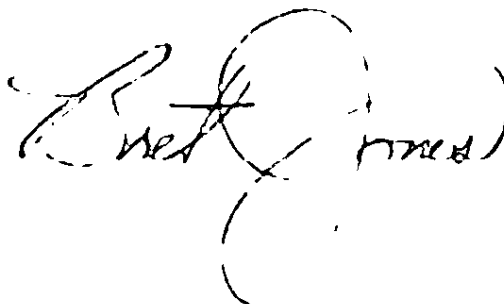
(City)

34711

(Zip code)

**Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: FRANCES R. WEBSTER

☒ Member Address: 350 E. CROWN POINT ROAD

☐ Authorized SUITE 1080

Person WINTER GARDEN, FLORIDA 34787

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: MARTIN G. JEFFCOAT

☒ Member Address: 486 HIGHLAND CIRCLE

☐ Authorized BAMBERG, SC 29003

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: WAYNE BRODRICK

☒ Member Address: 5831 MEDINAH WAY

☐ Authorized ORLANDO, FLORIDA 32819

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: CHARLES M. WILLIAMS

☒ Member Address: 212 PEBBLE BEACH DRIVE

☐ Authorized EUFAULA, ALABAMA 36027

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: CHARLES B. BRODIE

☒ Member Address: 230 COLLETON AVE., SE

☐ Authorized AIKEN, SC 29801

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am 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.

\_\_\_\_\_  
Signature of an authorized person

FRANCIS R. WEBSTER, MANAGING MEMBER

\_\_\_\_\_  
Typed or printed name of signer

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Storage Units Partnership, LLC was formed in Barbour County, Alabama on October 23, 2015. The Alabama Entity Identification number for this entity is 347-564. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

2020 SEP -3 PM 2:23



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**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

07/24/2020

Date

*J. H. Merrill*

John H. Merrill

Secretary of State