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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 22 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Public Storage Institutional Fund II, A California Limited Partnership
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

DREW ADAMS
Contact Person

PUBLIC STORAGE
Firm/Company

701 WESTERN AVENUE
Address

GLENDALE, CA 91201
City, State and Zip Code

dadams@publicstorage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DREW ADAMS at (818) 244-8080
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (S965 Filing Fee and S35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, 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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Public Storage Institutional Fund II, A California Limited Partnership
(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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

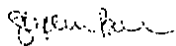
2. CALIFORNIA State or Country of Formation 3. 12/12/1986 Date of Formation

4. Federal Employer Identification Number: 95-4078993

5. Name of Registered Agent for Service of Process and Florida Street Address:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

6. 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.

 Stephanie Boehm, Assistant Secretary
Signature of Registered Agent

7. Principal Office:
701 WESTERN AVENUE
SUITE 200
GLENDALE, CA 91201

8. Mailing Address:
701 WESTERN AVENUE
SUITE 200
GLENDALE, CA 91201

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9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:
Name of General Partner: PSI Institutional Advisors, Inc. F96000000951 Name of General Partner: _____
Street Address: 701 WESTERN AVENUE SUITE 200 Street Address: _____
GLENDALE, CA 91201
Mailing Address: _____ Mailing Address: _____
Name of General Partner: _____ Name of General Partner: _____
Street Address: _____ Street Address: _____
Mailing Address: _____ Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this 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.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this August day of 16, 2019

Drew Adams
Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.17.155, 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

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E.T.L.

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: PUBLIC STORAGE INSTITUTIONAL FUND II, A CALIFORNIA LIMITED PARTNERSHIP

FILE NUMBER: 198634600023
FORMATION DATE: 12/12/1986
TYPE: DOMESTIC LIMITED PARTNERSHIP
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 7, 2019.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State