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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 : (850)878-5368 Fax Number

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## Foreign Limited Liability Company SS VALRICO, LLC

Certificate of Status	0	
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2/16/2016 4:11:03 PM From: To: 8506176383( 2/3 )

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, SS Valrico, LLC	ORIZED BY THE SIMILON TRANSMAL		
·	ign Limited Liability Company; must include '	Limited Liability Company," "L. L.C.," or	"LLC."
(//////////////////////////////////////			
Liability Company," "L.L.C,"	temate name adopted for the purpose of transa	cting business in Florida. The alternate nam	ie must include "Limited
2. Delaware	3.		
	of which foreign limited liability	(FEI number, if applicable)	
4 upon filing			
	(Date first transacted business in Flori (See sections 605,0904 & 605,0905, F.S.	da, if prior to registration.)	•
5. 7932 West Sand Lake			
Orlando, FL 32819			•
	(Street Address of Principal C	Hice)	•
6. 7932 West Sand Lake I	Road, Suite 108		-
Orlando, FL 32819			
	(Mailing Address)		•
7. Name and street addres	s of Florida registered agent: (P.O. Box.)	NOT_acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
<b>UU</b>	Plantation	, Florida 33324 (Zip code)	
	(City)	(Zip code)	•
designated in this applica to complywith the provisi	gistered agent and to accept service of pr tion, I hereby accept the appointment as ons of all statutes relative to the proper an any position as registered agent. CT Corporation System By:  (Registed agent	registered agent and agree to act in the nd complete performance of my duties  \[ \left( \left( \left( \left( \left) \right) \right) \right) \right\ri	is capacity. I further agree i, and I am familiar with and
	(Regist Red agent	's signature)	i. Ų
8. The name, title or capt BSREP II Simply Storage	ncity and address of the person(s) who has IV LLC, Manager	have authority to manage is/are:	
c/o Kyle A. Solimutzler, 7	932 West Sand Lake Road, Suite 108, Or	lando, FL 32819	M wh Age,
9. Attached is a certificate jurisdiction under the law of the translator must be st	Daniel I Cohe	is in a foreign language, a translation o	custody of records in the f the certificate under oath
	Signature of an auti	norized person	

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.

David Cohen, VP, BSREP II Simply Storage JV LLC, Man. Shareholder

## <u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SS VALRICO, LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE NINTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5958627 8300

SR# 20160677381

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey PF Builden, Secretary of State

Authentication: 201801068

Date: 02-09-16