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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Atlantic Avenue Associates Ltd.

☐ Walk In

☐ Pick Up Time

☒ Certified Copy

☐ Mail Out

☐ Certificate of Status

☐ Will Wait

☐ Certificate of Good Standing

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RUSH

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NEW FILINGS	
<input type="checkbox"/>	Profit
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<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

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98 MAY -1 PM 2:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

A98-1084

Ordered By: _____

Date: _____

[Signature]

CERTIFICATE OF LIMITED PARTNERSHIP

OF

ATLANTIC AVENUE ASSOCIATES, LTD.,

a Florida limited partnership

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, certifies as follows:

1. Partnership Name. The name of the partnership is Atlantic Avenue Associates, Ltd. (the "Partnership").

2. Partnership Office and Mailing Address. The office of the Partnership and its mailing address are: 4139 Burns Road, Palm Beach Gardens, Florida 33410.

3. Name and Address of Registered Agent. The name and address of the registered agent of the Partnership are: Atlantic Avenue Self Storage, Inc., 4139 Burns Road, Palm Beach Gardens, Florida 33410.

4. Name and Address of General Partner. The name and business address of the general partner are: Atlantic Avenue Self Storage, Inc., 4139 Burns Road, Palm Beach Gardens, Florida 33410.

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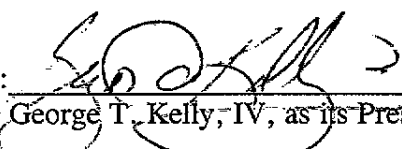
5. Dissolution. The latest date upon which the Partnership may dissolve is April 1, 2028.

6. Affidavit Regarding Capital. The affidavit regarding capital contributions is attached hereto.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner of Atlantic Avenue Associates, Ltd., a Florida limited partnership, this 27th day of APRIL, 1998.

ATLANTIC AVENUE SELF STORAGE, INC.
"General Partner"

By:


George T. Kelly, IV, as its President

(SEAL)

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ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Having been named as registered agent for Atlantic Avenue Associates, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

ATLANTIC AVENUE SELF STORAGE, INC.
"Registered Agent"

By:


George T. Kelly, IV, as its President

(SEAL)

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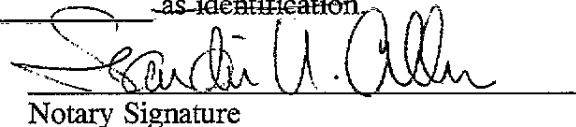
AFFIDAVIT REGARDING CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared George T. Kelly, IV, affiant herein, who being sworn on oath deposes and says:

1. I am the president of Atlantic Avenue Self Storage, Inc., a Florida corporation, the general partner of Atlantic Avenue Associates, Ltd., a Florida limited partnership (the "Partnership").
2. The limited partners of the Partnership have contributed capital in the sum of \$-0-.
3. The limited partners of the Partnership anticipate the amount to be contributed is \$790,000.
4. Under penalties of perjury, I declare that I have examined this Affidavit, and to the best of my knowledge and belief it is true, correct and complete.


George T. Kelly, IV

SWORN TO AND SUBSCRIBED before me this 27th day of April, 1998,
by George T. Kelly IV, who is personally known to me ~~OR who produced~~
as identification


Notary Signature

SCANDIE U. ALLEN
Print Notary Name

NOTARY PUBLIC
State of Florida at Large

My Commission Expires: 7-16-99

