B03000000392

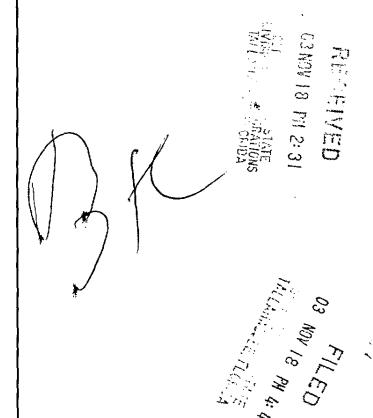
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	→		
	•	•		
PICK-UP	WAIT	MAIL		
		<u></u>		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
		Ì		
	·- ·-			

Office Use Only



600024274036

11/19/03--01001--002 **1837.50



CT CORPORATION

November 18, 2003



Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5979635 SO

Customer Reference 1: 7935.42-01

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Noah's Ark Self Storage No. 14, L.P. (TX) Registration Florida

Please return a certified copy along with regular evidence.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

NI	AU'C AD	V SELESTODACE NO	14 I D		्रिं व	Ó
	JAM S AK	K SELF STORAGE NO. (name of limited par	tnership as it is in the	home state)	74	7
N/						=
(If name	e is unavailal	ole, name under which the limit Florida; must contain the			ransact busine	ss in
Te	xas	4	November			_
		(State of Formation)		(Date of Forn	nation)	
<u>_</u>	Corporat.	ion System				
		(Name of Registered A	gent for Services of I	Process)		
12	00 South E	ine Island Road		· -·		
		(Street Address	of Registered Office))		
Pla	antation		, Florida	33324		
		(City)			Code)	
Δc	centance by	the Registered Agent for Service	ee of Process			
110	ecpunce by	me regionated rigent for beive	.03 01 1100033,			
		CT Corporation System	- -			
		Bur A , and	_			
		By: (Agent must sig	en on this line)			
		Printed Name:	NNIE BRYAN			
		Title:SP	ECIAL ASSISTANT	SECRETARY	-	
30	435 Highy	vay 281 North				
Br	ılverde. Te	vas 78163				
		red office required in state of fe	ormation or, if not rec	quired, address of	principal offic	e.)
AMES	OF GENER	AL PARTNERS		STREET AD	DRESS	
N	DAH'S GP	, INC.		30435 Higl	1way 281 No	ortl
	FO	0000000494		Bulverde, 1	<u>Γexas 78163</u>	_
30		/ay 281 North, Bulverde, where Names, Addresses and		ited Partners are k	kept.)	

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

12. <u>30435 Highway 28</u>]	North, Bulverde, Texas 78163	
	(Mailing Address of Limited Partnership)	
Under penalties of perjury I, bein and that the facts stated herein ar	ng duly sworn, declare that I have read the foregoing a re true and correct.	nd know the contents thereof
Signed this day of	November , 2003 NOAH'S GP, INC. By:	,
STATE OF TEXAS		
COUNTY OF <u>COMAL</u>	<u> </u>	
On this day	of November , 2003	
William M. Parham	, personally a	appeared before me.
who is personally known to n	ne	
	e basis of	
	Seatine H. Jasano (Notary Public Signature) LEATINE W. FASANO (Notary's Printed Name)	
Seal	My Commission Expires: 11/02/2006	



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared <u>William M. Parham, President of Noah's GP, Inc.</u>
a general partner of NOAH'S ARK SELF STORAGE NO. 14, L.P., a (am) Texas
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ 829, 245.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 829,245.00
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents
thereof and that the facts stated herein are true and correct.
Signed this
STATE OF TEXAS
COUNTY OF COMAL
On this
WILLIAM M. PARHAM, personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
LEATINE W. FASANO
(Notary's Printed Name)
Seal My Commission Expires: 11/02/2006
LEATINE W FASANO Notary Public State of Texas My Commission Expires November 2, 2006