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S. YOURS

FILE

February 9, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9872254 SO

Customer Reference 1:

16749-114

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

TSO Jacksonville Self Storage Development General Partner, LP (GA) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) To the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie Bryan@wolterskluwer.com

### **COVER LETTER**

TO: Registration Sec Division of Cor					
SUBJECT: TSO Jackso	onville Self Storage Develo	pment General I	Partner, LP	•	
Nan	ne of Foreign Limited Parti	nership or Limite	ed Liability	y Limited Partnership	
partnership to transact bu			l to registe	r a foreign limited partnersl	hip or limited liability limited
Rebecca Saferstein, Para	alegal				
	Contact Person				
Arnall Golden Gregory l	LLP				
	Firm/Company				
171 17th St., NW, Ste 21	100				
1999-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Address		<del></del>		
Atlanta, GA 30363					
C	ity, State and Zip Code				
melody@simpsonorg.co					
E-mail address: (to be t	ised for future annual repo	rt notification)			
For further information c	oncerning this matter, plea	se call:			
Rebecca Saferstein, Para	legal	at (	870-5	5604	
Name of Contac	et Person		e and Dayt	ime Telephone Number	<b>一</b> 章
Enclosed is a check for th	ne following amount:				THE THE
×\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	\$1,008.75 Filing Fees and Certificate of Status	\$1,052,50 F and Certified (		\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	LED MOTO
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl	ircte	MAILING Al Registration So Division of Co P. O. Box 632 Tallahassee, F	ection orporations 7		<b>夏州</b> 二

Tallahassee, FL 32301

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

TSO Jacksonville Self Storage Development General Partner, LP (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. 3. 06/06/2014 2 Georgia State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 35-2510649 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 6. Thereby 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. C T Corporation System Michael E Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 1401 Peachtree Street, Suite 400 Atlanta, GA 30309 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: TSO Jacksonville Self Storage Development GP SPE, Inc. Name of General Partner: Name of General Partner: 1401 Peachtree Street, Suite 400 \_ Street Address: \_\_ Street Address: 1200 South Pine Island Road Mailing Address:\_\_\_\_\_ Mailing Address: Name of General Partner:\_\_\_\_\_\_Name of General Partner:\_\_\_\_\_ Street Address: \_\_\_\_\_ Street Address: Mailing Address: Mailing Address:\_\_\_\_

Name of General Partner:	Page I of 2  Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:		, , , , , , , , , , , , , , , , , , , ,
11. Effective date, if other than the date of filing:(Effective date cannot be prior to nor more than 90 day:	s after the date this document is filed by th	 e Florida Department of State.)
12. Attached is a certificate of existence duly authentica Florida Department of State, by the Secretary of State of the law of which it is organized.		
A. Boyd S The individual signing this document affirm that the fact submitted in a document to the Department of State con-	stitutes a third degree felony as provided f	or in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$3: \$52.50 \$8.75	5 Registered Agent Fee)
	Page 2 of 2	16 FEB -9 MI IG 14 SECRETARY WE STATE FAILLY MASSESSIES FLORDA

Control Number: 14056090

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE



I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## TSO Jacksonville Self Storage Development General Partner, LP

## a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

. 12606365 : 06/06/2014 : Georgia : 02/05/2016



Brian P. Kemp Secretary of State