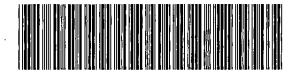
Photomy

(Requestor's Name)					
(Address)					
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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FEB 10 2016 S. YOUTUG February 9, 2016

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9872254 SO

Customer Reference 1:

16749-114

Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

TSO Jacksonville Self Storage Development, LP (GA)

Registration Florida

TSO Jacksonville Self Storage Development, LP (GA)

Certificate of Status-Foreign

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 (File grad)

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: TSO Jackso	nville Self Storage Develo	oment, LP		
	ne of Foreign Limited Parti	ership or Limited Liability	Limited Partnership	one on the second
partnership to transact bu			a foreign limited partners!	ip or limited liability limited
Rebecca Saferstein, Para	legal			
	Contact Person			
Arnall Golden Gregory I	.LP			•
·······	Firm/Company			-100 B
171 17th St., NW, Ste 21	00			
	Address			题 田 兰
Atlanta, GA 30363				00000000000000000000000000000000000000
Ci	ty, State and Zip Code			FIE = 0
melody@simpsonorg.com	n			是 少 有
E-mail address: (to be t	ised for future annual repor	t notification)		
For further information of	oncerning this matter, pleas	se call:		
Rebecca Saferstein, Para	leagl	at (404) 870-5	604	
Name of Contac	et Person		ime Telephone Number	
Enclosed is a check for th	e following amount:	•		
\$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 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 C Tallahassee, FL 32301	ircle	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

TSO Jacksonville Self Storage Development, 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 Parmership 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 transact business in Florida; must contain acceptable suffix. 2. Georgia State or Country of Formation **Date of Formation** 4. Federal Employer Identification Number: 37-1760554 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. Jones By: 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 General Partner, LP Name of General Partner: Name of General Partner: Street Address: Mailing Address: Mailing Address: Name of General Partner:______ Name of General Partner:_____ Street Address: Street Address: Mailing Address: Mailing Address:

Page 1 of 2 Name of General Partner: Name of General Partner:__ 1401 Peachtree Street. Suite 400 Street Address: Street Address: _ Atlanta, GA 30309 1401 Peachtree Street, Suite 400 Mailing Address: Mailing Address: Atlanta, GA 30309 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.) 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. day of February 02/05/2016 Signed this Signature of a general partner A. Boyd Simpson, CEO of GP of GP The individual signing this document affirm 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.817.155, F.S. Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) Certified Copy (optional): \$52.50 \$8.75 Certificate of Status (optional): Page 2 of 2

Control Number: 14056092

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, 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 : 12606264 : 06/06/2014 : Georgia : 02/05/2016



Brian P. Kemp Secretary of State