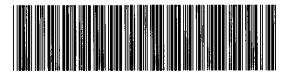
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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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FILE IN STATE

J. HARRIS





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 June 01, 2017 Date:__ Michelle Walker Name:_ A296157 Reference #:____ Entity Name: BLUE DOORS STORAGE FUND III, L.P. ✓ Articles of Incorporation/Authorization to Transact Business Jean file 2nd ☐ Amendment Change of Agent 」 Reinstatement Conversion tease refam oxigmal file date. ☐ Merger ☐ Dissolution/Withdrawal Fictitous Name **CERTIFIED COPY UPON FILING** __ Other Please include a copy of cover letter with returned evidence. Thanks! Authorized Amount: \$1600

Signature: Michelle Walker Please note: If authorized amount is incorrect, please call Michelle at 518-213-0737.

+1.212,947.7200



June 5, 2017

COGENCY GLOBAL MICHELLE WALKER

SUBJECT: BLUE DOORS STORAGE FUND III, L.P.

Ref. Number: W17000046102

We have received your document for BLUE DOORS STORAGE FUND III, L.P. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

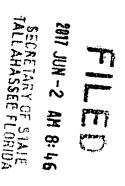
Amount authorized and signature is missing on cover letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 917A00011169



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

1. Blue Doors Storage Fund III, L.P.

(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.

ii name unavaliable	e, name under which the filmled pa business in Fl	orida; must (imited liability limited partnership pro contain acceptable suffix.	poses to register to transact			
_{2.} Delaware			3 November 2, 2016				
State or Country of Formation			Date of Formation				
4. Federal Employe	r Identification Number: 81-43	62945					
	ed Agent for Service of Process a	ınd Florida	Street Address:				
Cogency Gl	obal Inc.		·				
115 North Ca	alhoun Street, Suite 4	e e					
Tallahassee	, FL 32301	;					
6. I hereby accept the of all statutes relating may position as reg	ntive to the proper and complete persistered agent.	Ment of mance to	o act in this capacity. I further agree to f my duties, and I am familiar with and Lowr As egistered Agent	d accept the obligations of			
7. Principal Office:	· -		ailing Address:				
725 Park Ce			725 Park Center Drive				
Matthews, NC 28105			Matthews, NC 28105				
9. If limited partne	ership is a limited liability limited	 I partnershi	p, clieck box .	<u></u>			
10. Name, principa	al office address, and mailing add	lress of encl	general partner:	2817 SE			
Name of Genera	I Partner: Blue Doors Storage	III GP, LLC	M1700000 4773 Name of General Partner:				
Street Address:	725 Park Center Dri	ve	Street Address:	75 S			
	Matthews, NC 281			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Mailing Address:			Mailing Address:	7 B			
Maning Muuros.	3·	· · · · · · · · · · · · · · · · · · ·		₩ . .			
Name of Genera	al Partner:		Name of General Partner:	Sir ex			
Street Address:		-,=,,,	Street Address:				
Mailing Addres	s:		Mailing Address:				

Name of Genera	Partner:		Name of General	Pariner:
Street Address:	<u> </u>	·	Street Address:	
Mailing Address			Mailing Address:	
11. Effective date, if (Effective date canno	other than the date of the prior to nor more th	filing: an 90 days after the da	te this document is	filed by the Florida Department of State.)
12. Attached is a cert Florida Department of the law of which it is	of State, by the Secretary	nuthenticated, not more of State or other official	e than 90 days prio al having custody o	or to the delivery of this application to the of the entity's records in the jurisdiction under
Signed this	3 t day of t	May Blue Doors Storage III C	20 17 3R LLC	
The individual signin submitted in a docum	g this document affirm t	Signature of a Wesley G. Carter, Chief hat the facts stated here f State constitutes a thir	in are true and the	individual is aware that false information provided for in s.817.155, F.S.
Ce	ing Fees: rtified Copy (optional): rtificate of Status (optio	\$52.5	0	Fee and \$35 Registered Agent Fee)

Page 2 of 2

2017 JUN-2 AH 8: 41
SECRETARY OF STATE

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLUE DOORS STORAGE FUND III, L.P." 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 THIRTY-FIRST DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE DOORS STORAGE FUND III, L.P." WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2016.

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

ANS OF THE PROPERTY OF THE PRO

6201737 8300 SR# 20174379704 Authentication: 202626174

Date: 05-31-17