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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

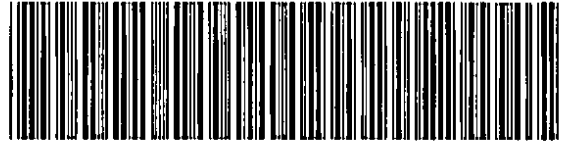
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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WEISSMANN ZUCKER EUSTER  
MOROCHNIK & GARBER P.C.

FOUNTAINS AT PIEDMONT CENTER  
3495 PIEDMONT ROAD  
BUILDING 11, SUITE 950  
ATLANTA, GEORGIA 30305  
TELEPHONE: 404.364.2300  
FACSIMILE: 404.364.2320

February 27, 2018

**VIA FEDERAL EXPRESS**

Florida Department of State  
Divisions of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: Storage Cap Gainesville, L.P.

Dear Sir or Madam:

Enclosed for filing for a certificate of authority, please find the following items:

1. Cover Letter
2. Foreign Application; and
3. Certificate of Existence.

Also enclosed, please find check in the amount of \$1,061.25 filing fee. Please return a certified copy and a certificate of status for the entity listed above. Please issue a Certificate of Authority and return it in the enclosed envelope.

Sincerely,

WEISSMANN ZUCKER EUSTER  
MOROCHNIK & GARBER P.C.

Tricia Hoo, Paralegal to Vince Teonjes

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Storage Cap Gainesville, L.P.

\_\_\_\_\_  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Vince Toenjes

\_\_\_\_\_  
Contact Person

Weissmann Zucker Euster Morochnik & Garber, P.C.

\_\_\_\_\_  
Firm/Company

3495 Piedmont Road, Bldg, 11, Suite 950

\_\_\_\_\_  
Address

Atlanta, Georgia 30305

\_\_\_\_\_  
City, State and Zip Code

ctharris1983@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vince Toenjes

at ( 404 ) 364-2300

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>( \$965 Filing Fee and<br>\$35 Registered Agent<br>Fee ) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|--|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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

1. Storage Cap Gainesville, 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.

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.

2. Nevada

State or Country of Formation

3. February 12, 2018

Date of Formation

4. Federal Employer Identification Number: 82-4570844

5. Name of Registered Agent for Service of Process and Florida Street Address:

CT Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. I hereby 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.

Brian Smith  
Signature of Registered Agent

Brian Smith, Asst. Secretary

7. Principal Office:

8275 South Eastern Avenue, Suite 119

Las Vegas, NV 89123

8. Mailing Address:

8275 South Eastern Avenue, Suite 119

Las Vegas, NV 89123

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Storage Cap GP, Inc.

Name of General Partner: \_\_\_\_\_

Street Address: 8275 South Eastern Avenue, Suite 119

Street Address: \_\_\_\_\_

Las Vegas, NV 89123

Mailing Address: 8275 South Eastern Avenue, Suite 119

Mailing Address: \_\_\_\_\_

Las Vegas, NV 89123

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

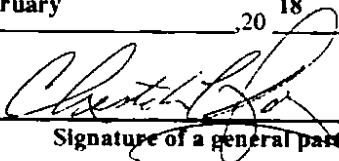
11. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Signed this 23 day of February, 2018

  
\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirms 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
Certificate of Status (optional):	\$8.75

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TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **STORAGE CAP GAINESVILLE, L.P.**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 12, 2018, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 20, 2018.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Certified By: Erica Ayala  
Certificate Number: C20180214-1095  
You may verify this certificate  
online at <http://www.nvsos.gov/>