

B20000000024

(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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STATE OF CALIFORNIA
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K SALY
JAN 27 2020



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

January 7, 2020

VIA FEDERAL EXPRESS

Florida Department of State
Divisions of Corporations
2415 N. Monroe Street
Suite 810
Tallahassee, Florida 32303

RE: Storage Cap Cocoa, 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 \$1,052.50 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.

A handwritten signature in black ink, appearing to read 'Tricia Hoo', written in a cursive, flowing style.

Tricia Hoo, Paralegal to Vince Toenjes

COVER LETTER

TO: Registration Section
Division of Corporations
STORAGE CAP COCOA, L.P.

SUBJECT: _____
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
VINCE@WZLEGAL.COM

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

For further information concerning this matter, please call:

Tricia Hoo _____ 404 _____ 457-0731
at (_____) _____

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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TALLAHASSEE, FLORIDA

1. STORAGE CAP COCOA, 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

3. 11/5/2019

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 84-3597464

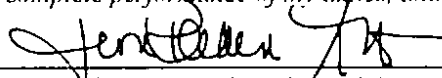
5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporate Creations Network, Inc.

11380 Prosperity Farms Road, #22113

Palm Beach Gardens, FL 33410

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.


Signature of Registered Agent

7. Principal Office:

428 S. Dillard Street, Suite 102

Winter Garden, FL 34787

8. Mailing Address:

428 S. Dillard Street, Suite 102

Winter Garden, FL 34787

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

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

Storage Cap GP, Inc.

Name of General Partner:

428 S. Dillard Street, Suite 102

Street Address:

Winter Garden, FL 34787

Mailing Address: 428 S. Dillard Street, Suite 201

Winter Garden, FL 34787

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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TALLAHASSEE, FLORIDA

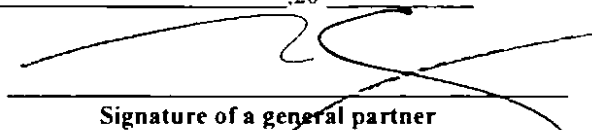
Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 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 3rd day of January, 2020



 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

SECRETARY OF STATE



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CLERK OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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 Cocoa, L.P.**, as a DOMESTIC LIMITED PARTNERSHIP (87A) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/05/2019, 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 01/03/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200103484402

You may verify this certificate
online at <http://www.nvsos.gov>