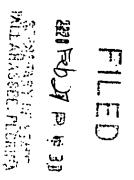
(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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428 S. Dillard Street, Suite 102 Winter Garden, Florida 34787 Telephone: (404) 457-0731 Email: Thoo@storespace.com



January 26, 2020

### **VIA FEDERAL EXPRESS**

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

RE: Storage Cap Winter Garden Office, 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.

- NOUNDER DE LO

Tricia Hoo, Paralegal

### COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: STORAGE CAP WINTER GARDEN	OFFICE, LP		
Name of Foreign Limited Part	nership or Limited I	iability Limi	ted Partnership
The enclosed application, certificate of status and f partnership to transact business in Florida. Please return all correspondence concerning this m		register a for	eign limited partnership or limited liability limited
Tricia Hoo			
Contact Person		-	
Store Space			
Firm/Company		-	
428 S. Dillard Street, Suite 102			
Address		-	
Winter Garden, Florida 34787			
City, State and Zip Code		<del></del>	
THOO@STORESPACE.COM			
E-mail address: (to be used for future annual repo	ort notification)	-	
For further information concerning this matter, plea	ase call:		
Tricia Hoo	4()4 at (	457-0731	
Name of Contact Person		nd Daytime T	elephone Number
Enclosed is a check for the following amount:			
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)  □\$1,008.75 Filing Fees and Certificate of Status	s □\$1,052.50 Filir and Certified		S1,061.25 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centro 2415 N. M	

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

Storage Cap Winter Garden Office, 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. Nevada State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 84-4880074 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporate Creations Network Inc. 801 US Highway L North Palm Beach, FL 33408 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. 7. Principal Office: 8. Mailing Address: 428 S. Dillard Street, Suite 102 428 S. Dillard Street, Suite 102 Winter Garden, Florida 34787 Winter Garden, Florida 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: Name of General Partner:\_\_\_Storage Cap GP, Inc. \_\_\_\_\_ Name of General Partner:\_\_\_\_ 428 S. Dillard Street, Suite 102 Street Address: Street Address: Winter Garden, FL 34787 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:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
	es after the date this document is filed by the Florida Department of State.) be applicable statutory filing requirements, this date will not be listed as the records.
Florida Department of State, by the Secretary of State of the law of which it is organized.	ated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
Signed this day ofF_b	<u>ray</u> ,20 _ do
	Signature of a géneral partner
The individual signing this document affirms that the factorization in a document to the Department of State con	acts stated herem are true and the individual is aware that false information institutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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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 Winter Garden Office**, **LP**, 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 02/21/2020, and is in good standing in this state.

Certificate Number: B20200226608635

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/26/2020.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State