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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Pax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please. **

Email Address:_

FLORIDA/FOREIGN LP/LLLP TGA T1 SC Millenia LP

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Electronic Filing Menu

Corporate Filing Menu

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TO:	Registration Section Division of Corporation	ons.			•				
SUBJ	IECT: TGA TI SC MÎÎle								
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partne	nclosed application, certifership to transact business e return all correspondenc	in Florida.			ted to register	a foreign lim	ited partners	ship or limite	d liability limited
Trici	a Hoo								
	Cor	ntact Person							
Store	Space								
	Pin	m/Company							
330 F	East Crown Point Road								
		Address							
Wint	er Garden, Florida 34787								
	City, Sta	ite and Zip Code	:						
THO	O@STORESPACE.COM	•							
E-m	ail address: (to be used fo	r future annual	report no	tification)				
For fu	rther information concern	ing this matter,	please ca	all:					
Trick	a Hoo		at	, 4 07	305-9	450			
	Name of Contact Pers	00	w`		ode and Dayt	me Telephon	Number	_	
Enclo	sed is a check for the follo	owing amount:							
(\$ \$3	965 Filing Fee and a	,008.75 Filing I nd Certificate o Status			O Filing Fees nified Copy		Filing Fee, I Copy, and ite of Status		
	Mailing Address: Registration Section Division of Corporation P.O. Box 6327				Regist Divisi	Address: ration Secti on of Corpo entre of Tal	rations		
	Tallahassee, FL 32.	314				N. Monroe S		te 810	

Tallahassee, FL 32303

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

1. TGA T1 SC Millenia 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. 2. Delaware 3. March 24, 2021 Date of Formation State or Country of Formation 4. Federal Employer Identification Number: 86-286) 274 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301-2525 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: 8. Mailing Address: 730 Third Avenue 730 Third Avenue New York, NY 10017 New York, NY 10017 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 2, LLC Name of General Partner: 330 East Crown Point Road 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	<u> </u>	Name of General Partner:	Name of General Partner:				
Street Address:		Street Address:					
Mailing Address:		Mailing Address:					
Note: If the date inserted in the document's effective date on 12. Attached is a certificate of Florida Department of State, the state of State, t	his block does not meet the ap the Department of State's rec f existence duly authenticated by the Secretary of State or of	ior the date this document is filed by the Flor plicable statutory filing requirements, this da ords. Inot more than 90 days prior to the delivery of ther official having custody of the entity's reco	te will not be listed as the				
the law of which it is organize Signed this	day of March	.20 2021					
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	e Department of State constitu	ites a third degree felony as provided for in s.	817.155, F.S.				
	: opy (optional): of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Regis \$52.50 \$8.75	stered Agent Fee)				

Page 2 of 2

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TGA T1 SC MILLENIA LP" 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TGA T1 SC
MILLENIA LP" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D.
2021.

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

5650359 8300 SR# 20211046454

SR# 20211046454
You may verify this certificate online at corp.delaware.gov/authver.shtml

Arthry W Billiock, Secretary of State

Authentication: 202824704

Date: 03-25-21