3/31/2021

Division of Corporations

# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000128689 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORFORATE CREATIONS INTERNATIONAL INC.

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

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

Email Address:\_

### FLORIDA/FOREIGN LP/LLLP

Storage Cap Cape Coral, L.P.

Certificate of Status	1	
Certified Copy	1	
Page Count	05	
Estimated Charge	\$1,061.25	

Electronic Filing Menu Corporate Filing Menu

Help

1/1

*	COVER	LETTER			. <b>.</b>
TO: Registration Section Division of Corporations		ri,	÷ •	10 € 11 25	, .
SUBJECT: Storage Cap Cape Coral, L.P.				<u> </u>	
Name of Foreign Limited Pa	rtnership or Limit	ed Liability L	imited Partne	rship	
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this to		l to regist <del>er</del> a	foreign limite	d partnership or	limited liability limited
Tricia Hoo					
Contact Person		<del></del>			
Store Space	<u>,</u>				
Firm/Company					
330 East Crown Point Road					
Address		<del></del>			
Winter Garden, Florida 34787					
City, State and Zip Code		<del></del>			
THOO@STORESPACE.COM					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, pl	lease call:				
Tricia Hoo	at (	305-945	50		
Name of Contact Person		le and Daytim	e Telephone	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 Fee and Certificate of Status	es []\$1,052.50   and Certif	_	E\$1,061.25 Certified Certificate		
Mailing Address: Registration Section		Street Ac	idress: ation Sectio	n	
Division of Corporations			n of Corpor		

P.O. Box 6327

Tallahassee, FL 32314

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

Acceptable United Partnership suffixes: Limited	ted Liablity Limited Partnership, which must include sur- Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P. or	
If name unavailable, name under which the limits business	ed partnership or limited liability limited partnership propo s in Florida; must contain acceptable suffix.	ses to register to transact
2. Nevada	3. March 23, 2021	
State or Country of Formation	n Date of Formation	
4. Federal Employer Identification Number 85	-2806653	
5. Name of Registered Agent for Service of Pro-		
Corporate Creations Network Inc.	<u></u>	
80! US Highway I		
North Palm Beach, FL 33408		
of all statutes relative to the proper and comple	ete performance of my duties, and I am familiar with and at  Nicholas Nichols, Special Secretary	cept the obligations of
<del></del>	Signature of Registered Agent	
7. Principal Office:	8. Mailing Address:	
7. Principal Office: 330 East Crown Point Road		202
•	8. Mailing Address:	2021 H&R
330 East Crown Point Road	8. Mailing Address: 330 East Crown Point Road Winter Garden, FL 34787	ZOZIHAR 31 PP
330 East Crown Point Road  Winter Garden, FL 34787  9. If limited partnership is a limited liability lift 10. Name, principal office address, and mailing	8. Mailing Address:  330 East Crown Point Road  Winter Garden, FL 34787  mited partnership, check box.   g address of each general partner:	
330 East Crown Point Road  Winter Garden, FL 34787  9. If limited partnership is a limited liability lift 10. Name, principal office address, and mailing	8. Mailing Address: 330 East Crown Point Road Winter Garden, FL 34787 mited partnership, check box.	F-97 6.
330 East Crown Point Road  Winter Garden, FL 34787  9. If limited partnership is a limited liability lift 10. Name, principal office address, and mailing	8. Mailing Address:  330 East Crown Point Road  Winter Garden, FL 34787  mited partnership, check box.   g address of each general partner:  c. Name of General Partner:	
Winter Garden, FL 34787  9. If limited partnership is a limited liability lin 10. Name, principal office address, and mailing Name of General Partner:  Storage Cap GP, Inc. 330 East Crown Point Road.	8. Mailing Address:  330 East Crowr. Point Road  Winter Garden, FL 34787  mited partnership, check box.   g address of each general partner:  c. Name of General Partner:	
330 East Crown Point Road  Winter Garden, FL 34787  9. If limited partnership is a limited liability lir 10. Name, principal office address, and mailing Name of General Partner:  Storage Cap GP, Inc.  Street Address:  330 East Crown Point Road	8. Mailing Address:  330 East Crowr. Point Road  Winter Garden, FL 34787  mited partnership, check box.   g address of each general partner:  c. Name of General Partner:	
330 East Crown Point Road  Winter Garden, FL 34787  9. If limited partnership is a limited liability lif 10. Name, principal office address, and mailing Name of General Partner:  Street Address:  330 East Crown Point Road  Winter Garden, FL 34787  Mailing Address:	8. Mailing Address:  330 East Crowr. Point Road  Winter Garden, FL 34787  mited partnership, check box.   g address of each general partner:  c. Name of General Partner:  Street Address:	PH 3: 50
330 East Crown Point Road  Winter Garden, FL 34787  9. If limited partnership is a limited liability lir 10. Name, principal office address, and mailing Name of General Partner:  Street Address:  Winter Garden, FL 34787  Mailing Address:  Name of General Partner:	8. Mailing Address:  330 East Crown Point Road  Winter Garden, FL 34787  mited partnership, check box.   g address of each general partner:  c. Name of General Partner:  Street Address:  Mailing Address:	PH 3: 90

### Page 1 of 2

Name of General Partner:	Name of General Partner:				
Street Address:	Street Address:				
Mailing Address:	Mailing Address:				
Note: If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.  12. Attached is a certificate of existence duly authenticated, not	the date this document is filed by the Florida Department of State.)  while statutory filing requirements, this date will not be listed as the  timore than 90 days prior to the delivery of this application to the  official having custody of the entity's records in the jurisdiction under				
Signed this 30 th day of March	.20 2021				
Signature of a general pastner					
The individual signing this document affirms that the facts state submitted in a document to the Department of State constitutes	ed herein are tous and the individual is aware that false information a third degree felony as provided for in s.817.155, F.S.				
Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75				

Page 2 of 2

## 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 Cape Coral, 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 03/23/2021, and is in good standing in this state.

Certificate Number: B202103301551874

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 03/30/2021.

BARBARA K. CEGAVSKE Secretary of State