

Ba 1000000252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

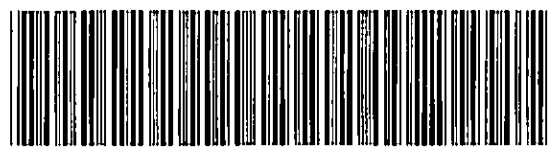
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
W19000096201

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6/23/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2019

JO DEE PRICHARD
909 DIVISION ST.
STE:200
NASHVILLE, TN 37203

SUBJECT: A+STORAGE PANAMA CITY BEACH, LP
Ref. Number: W19000096201

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 419A00022464

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+ Storage Panama City Beach, LP
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:

Jo Dee Prichard
Contact Person
A+ Storage of Tennessee, LLC
Firm/Company
909 Division St. Ste 200
Address
Nashville, TN 37203
City, State and Zip Code
admin@aplustorage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jo Dee Prichard at (615) 255-5000
Name of Contact Person Area Code and Daytime 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 Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$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

RECEIVED
JUN 21 2021

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

1. A+ Storage Panama City Beach, 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. Tennessee

3. Oct. 11, 2018

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 83-4592881

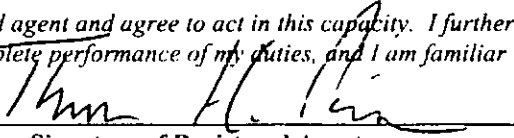
5. Name of Registered Agent for Service of Process and Florida Street Address:

Thomas H. Pierce

11222 Hutchinson Blvd

Panama City Beach, FL 32407

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:

909 Division St. Ste 200

Nashville, TN 37203

8. Mailing Address:

909 Division St. Ste 200

Nashville, TN 37203

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: Thomas H. Pierce

Name of General Partner: _____

Street Address: 909 Division St. Ste 200

Street Address: _____

Nashville, TN 37203

Mailing Address: 909 Division St. Ste 200

Mailing Address: _____

Nashville, TN 37203

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: _____

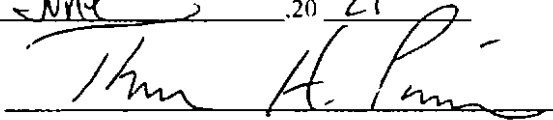
11. Effective date, if other than the date of filing: _____

(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 16th day of June, 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 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



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

A+ STORAGE PANAMA CITY BEACH LP

June 16, 2021

JO DEE PRICHARD
909 DIVISION STREET SUITE 200
NASHVILLE, TN 37203

Request Type: Certificate of Existence/Authorization

Issuance Date: 06/16/2021

Request #: 0422564

Copies Requested: 1

Document Receipt

Receipt #: 006441415

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3808841597

\$20.00

Regarding: A + STORAGE PANAMA CITY BEACH, LP

Filing Type: Limited Partnership - Domestic

Control #: 989507

Formation/Qualification Date: 10/11/2018

Date Formed: 10/11/2018

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

A + STORAGE PANAMA CITY BEACH, LP

* is a Limited Partnership duly created under the law of this State, whose Certificate of Limited Partnership was filed with this office on the date given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 046939540