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To:

14154847068

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone 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 Winter Garden, LP Certificate of Status

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| 0          |
| 04         |
| \$1,008.75 |
|            |

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

| •   |   |  |                                      |                                |
|---|---|--|--------------------------------------|--------------------------------|
| Acceptable Limited  | Partnership suffixes: Limited Partne  | bility Limited Partnership, which must inclurship, Limited, L.P., LP, or Ltd. :: Limited Liability Limited Partnership, L.L.L.   |                                      |                                |
| If name unavailable   |   | nership or limited liability limited partnership prida; must contain acceptable suffix.  | proposes to regis                    | der to transact                |
| 2 Nevada  |   | 3. 3/11/22   |                                      |                                |
| State or Country of Formation   |   | Date of Formation  | on                                   |                                |
| 4. Federal Employe  | r Identification Number:  |  |                                      |                                |
| 5. Name of Register   | red Agent for Service of Process an   | d Florida Street Address:  |                                      |                                |
| Corporate Creations   | Network Inc.  |  |                                      |                                |
| 801 US Highway 1  |   |  |                                      |                                |
| North Palm Beach,   | FL 33408  |  |                                      |                                |
| 6. Thereby accept to of all statutes relamy position as reg   | ative to the proper and complete perf   | nd agree to act in this capacity. I further agree<br>formance of my duties, and I am familiar with a<br>SALUA<br>wure of Registered Agent                              | e to comply with<br>and accept the o | the provisions bligations of   |
|   |   | 8. Mailing Address:  |                                      |                                |
| 7. Principal Office: 330 E. Crown Point Road  |   | <del></del>  |                                      |                                |
| 330 E. Crown Point  | Road  | 330 E. Crown Point Road  |                                      |                                |
|   |   | Winter Garden, Fl 34787  |                                      | 21                             |
| Winter Garden, FL   |   |  |                                      | 2022 H                         |
| Winter Garden, FL   |   | Winter Garden, Fl 34787  |                                      | FILE<br>2022 MAR               |
| Winter Garden, FL  9. If limited partner 10. Name, principa   | 34787 ership is a limited liability limited pal office address, and mailing addre   | Winter Garden, Fl 34787  partnership, check box. □  ess of each general partner:   |                                      | ARD<br>FILED<br>2022 MAR 11 PM |
| Winter Garden, FL  9. If limited partner 10. Name, principa   | 34787<br>ership is a limited liability limited p  | Winter Garden, Fl 34787  partnership, check box. □  ess of each general partner:   |                                      | FILED                          |
| Winter Garden, FL  9. If limited partner 10. Name, principa   | ership is a limited liability limited particle address, and mailing address Partner:  Storage Cap GP, Inc.  | Winter Garden, Fl 34787  partnership, check box. □  ess of each general partner:   |                                      | FILED<br>FILED                 |
| 9. If limited partners 10. Name, principal Name of General  | ership is a limited liability limited particle address, and mailing address Partner:  Storage Cap GP, Inc.  | Winter Garden, Fl 34787  partnership, check box.   ess of each general partner:  Name of General Partner:  |                                      | FILED 33                       |
| Winter Garden, FL  9. If limited partner 10. Name, principal Name of General Street Address:                  | al Office address, and mailing address al Partner:  Storage Cap GP, Inc.  330 E. Crown Point Road  Winter Garden, FL 34787  | Winter Garden, Fl 34787  partnership, check box. □  ess of each general partner:  Name of General Partner:  Street Address:  |                                      | FILED 33                       |
| 9. If limited partners 10. Name, principal Name of General Street Address:  Mailing Address:                  | ership is a limited liability limited pal office address, and mailing address la Partner:  Storage Cap GP, Inc.  330 E. Crown Point Road  Winter Garden, FL 34787     | Winter Garden, Fl 34787  partnership, check box.   ess of each general partner:  Name of General Partner:  Street Address:  Mailing Address:                           |                                      | FILED 33                       |
| Winter Garden, FL.  9. If limited partner 10. Name, principal Name of General Street Address: Mailing Address | ership is a limited liability limited pal office address, and mailing address al Partner:  Storage Cap GP, Inc.  330 E. Crown Point Road  Winter Garden, FL 34787  St | Winter Garden, Fl 34787  partnership, check box.   ess of each general partner:  Name of General Partner:  Mailing Address:  Name of General Partner:  Street Address: |                                      | FILED 11 PM 4: 33              |

## Page 1 of 2

| 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:   | ite this document is filed by the Florida Department of State.)     |
| 12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other officithe law of which it is organized. | al having custody of the entity's records in the jurisdiction under |
| Signed this 11th day of March Signature of  | ,20 22<br>- 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

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## 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, 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 03/11/2022, and is in good standing in this state.



Certificate Number: B202203112478878

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/11/2022.

Barbara K. Cegarste

BARBARA K. CEGAVSKE

Secretary of State