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CT CORPORATION SYSTEM

Requestor's Name

650 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 PM 3:20

900001512899

-06/14/95--01048--005

***1968.75 ***1968.75

Orlando Storage Associates, L.P.

dlb1a

Orlando Storage Associates Ltd.

☐ Profit

☐ NonProfit

☐ Limited Liability

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fict. Filing

☒ Certified Copy

3

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V. BANK

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-IND

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Orlando Storage Associates, L.P.

(Name of limited partnership as it is in the home state;)

2. Orlando Storage Associates Ltd.

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware

(State of Formation)

4. October 22, 1991

(Date of Formation)

5.

CT CORPORATION SYSTEM

(Name of Registered Agent for Service of Process)

6.

c/o C T Corporation System, 1200 South Pine Island Road

(Street Address of Registered Office)

Plantation

(City)

Florida

33324

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

CT CORPORATION SYSTEM

Kevin A. Seburnia
(Officer must sign on this line)

Kevin A. Seburnia, Asst. Secy.

(Type Name and Title of Officer)

8. 15 East North Street, Dover, DE 19901

(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Sovran Capital, Inc.

SPECIFIC ADDRESS

5166 Main Street
Williamsville, NY 14221

10. 5166 Main Street, Williamsville, NY 14221

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 5166 Main Street, Williamsville, NY 14221

(Mailing Address of Limited Partnership)

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F44000005203

This 26th day of May, 19 95.
By Sovran Capital, Inc.
General Partner

FILED STATES
SECRETARY OF CORPORATIONS
95 JUN -9 PM 3:20

STATE OF New York
COUNTY OF Erie

THE FOREGOING instrument was acknowledged and sworn to before me this 26th day of May, 19 95, by Sovran Capital, Inc. (Name of General Partner) of Orlando Storage Associates, L.P.

(Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

[Signature]
Notary Public
State of New York at Large
My Commission Expires: _____

(SEAL)

Annabelle I. Forrest
Notary Public
State of New York at Large
My commission expires March 30, 1997

JAMES A. LOCKE
Notary Public, State of New York
Qualified in Erie County
My Commission Expires Jan 31, 1997

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared ROBERT ATEA, a general partner of Orlando Storage Associates, L.P., a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 585,000.

2. The anticipated amount of the capital contributions of the limited partners that are anticipated for the purposes of transacting business in Florida is \$ 585,000.

This 7 day of June, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true to the best of my knowledge and belief.

General Partner
SOVRAN CAPITAL, INC.
By [Signature]

STATE OF NEW YORK
COUNTY OF ERIE
DATE 6/8/95

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared ROBERT ATEA OF SOVRAN HOLDINGS, INC. (General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 7 day of JUNE, 1995.

Seal

[Signature]
Notary Public

State of NY at Large

My Commission Expires:

SANDRA L. HERBERGER

Notary Public, State of New York

Qualified in Erie County

My Commission Expires

May 31, 1998

B95000000210

(Requester's Name)

(Address)

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

400001593114

-09/26/95--01038--009

****420.00 *****52.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ORLANDO STORAGE ASSOCIATES LTD.
(Corporation Name) (Document #)
2. ORLANDO STORAGE ASSOCIATES LTD.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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DIVISION OF CORPORATIONS
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NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

**CERTIFICATE OF CANCELLATION
FOR**

ORLANDO STORAGE ASSOCIATES LTD.

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

D. Rogers
DAVID ROGERS, V.P. ON BEHALF
OF THE GENERAL PARTNER
SOVRAN CAPITAL, INC.

STATE OF NEW YORK

COUNTY OF ERIE

On this 19th day of SEPTEMBER, 19 95, DAVID ROGERS
personally appeared before me,

☒ who is personally known to me
☐ whose identity I proved on the basis of _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Christine M. Janik

Notary Public Signature

CHRISTINE M. JANIK

Notary's Printed Name

CHRISTINE M. JANIK
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN ERIE COUNTY
My Commission Expires

Seal

My Commission Expires: 7/31/97