

B9500000212

CT CORPORATION SYSTEM

Requestor's Name
660 EAST JEFFERSON STREET
Address
TALLAHASSEE FL 32301 222-1092
City State Zip Phone

CORPORATION(S) NAME

FILED
95 JUN -9 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001512900
-06/14/95--01048--006
***1968.75 ***1968.75

Southeast Storage Associates, L.P.

dlbla

Southeast Storage Associates, Ltd.

- | | | |
|---|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☐ Limited Liability | ☐ Annual Report | ☐ Other |
| ☐ Foreign | ☐ Reservation | ☐ Change of R.A. |
| ☒ Limited Partnership | ☐ Photo Copies | ☐ Fict. Filing |
| ☐ Reinstatement | ☐ Call If Problem | ☒ CUS |
| ☒ Certified Copy 3 | ☒ Walk In | ☐ After 4:30 Pick Up |
| ☐ Call When Ready | | |
| ☒ Walk In | | |
| ☐ Mail Out | | |

Name	B/K
Availability	
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

6/4/95 6/9/95
3:00

PLEASE RETURN EXTRA COPIES
FILE STAMPED

(3) cos
FILING 26.25
AGENT FEE 1750.00
COPY 35.00
TOTAL 1968.75
BANK
BALANCE DUE
RECEIVED

Florida Department of State, Jan Smith, Secretary of State

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

1. Southeast Storage Associates, L.P.
(Name of limited partnership as it is in the home state;

2. Southeast Storage Associates, Ltd.
(If name is unavailable, name under which the limited partners. proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware
(State of Formation)

4. May 12, 1989
(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 Florida 33324
(City) (Zip Code)

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

CT CORPORATION SYSTEM

Kevin A. Seburnia, Asst. Secy.
(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)

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

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95 JUN -9 PM 4 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF
COUNTY OF

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 Southeast Storage Associates, L.P.

(Name of Limited Partnership), A Dalass (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. Forrestal
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. 5, 1997

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared ROBERT ATTEA
general partner of Southeast 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 \$1,260,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$630,000.
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 ATTEA OF SOVRAN HOLDINGS, INC. (General Partner, known to me and know 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 WHITNESS 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 NEW YORK at Large

My Commission Expires:

SANDRA L. HERBERGER

Notary Public, State of New York

Qualified in Erie County

My Commission Expires

May 31, 1998

B9500000212

(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

OFFICE USE ONLY

100001593111
-09/26/95--01038--009
****420.00 *****52.50

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

1. SOUTHEAST STORAGE ASSOCIATES, LTD
(Corporation Name) (Document #)
2. SOUTHEAST 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

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

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

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 25 AM 11:05

**CERTIFICATE OF CANCELLATION
FOR**

SOUTHEAST STORAGE ASSOCIATE, 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. D. K.
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
95 SEP 25 AM 11:05

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 7/31/97

Seal

My Commission Expires: _____