Document Number Inly 0000299 C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, Florida 32301 Cltv State Zlp Phone CORPORATION(S) NAME () Profit () NonProfit () Amendment () Limited Liability Company () Foreign () Dissolution/Withdrawal () Mark () Limited Partnership () Annual Report () Other () Reinstatement () Reservation () Change of R.A. () Limited Liability Partnership () Fictitious Name () Certified Copy () Photo Copies /-(-)' CUS () Call When Ready () Call if Problem () After 4:30 .-(-) Walk In () Will Wait (Pick Up () Mail Out Name Availability PLEASE RETURN EXTRA COPY(S) Document FILE STAMPED Examiner Updater Verilier R AGENT FEE ---Acknowledgment W.P. Veriller BALARUE DOE --- --

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CR2E031 (1-89)

Florida Department of State,

.h, Secretary of State

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

1. ACQUITEORIZAMSDELL L'ELMELLED PARTNERSHIP		\ \
(Name of limited partnership as it is in the home		7 <u>2</u> 91
(If name is unavailable, name under which the literansact business in Florida; must contain the w	mited partnership proposes to reg ord "LIMITED" or "LTD.")	isterior
3. pelaware	4. <u>July 25, 1996</u> (Date of Formation	
(State of Formation)	(Date of Formation	n}
5. <u>c т совров</u> (Name of Registered Agent fo	ATION SYSTEM or Service of Process)	,
6. <u>c/o C T Corporation Sy</u> (Street Address of Reg	stem, 1200 South Pine Island Rosistered Office)	ad
Plantation	, Florida <u>33324</u>	
(City)	(Zip Code)	
7. Acceptance by the Registered Agent for Service (Officer must sign	n on this line)	
Francis Regan , Asst. Secy. (Type Name and	Titis of Officer)	
8. 6745 Engle Road, Suite 300, Middle (Address of Registered Office required in State Principal Office.)	burg Jeights, OI 44130 of Formation or, if not required, A	Address of
9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS	
Amsdell Partners, Inc.	6745 Engle Road, Su Middleburg Heights,	
10. 6745 Engle Road, Suite 300, Middleburg He	ights, OH 44130	o kont \
(Office where Names, Addresses and Control of the limited partnerhsip will undertake to ke capital contributions of the limited partner or limited	en the records listing the addres	ses and
12. 6745 Engle Road, Suite 300, Middlesburg H	eights, OH 44130	
(Mailing Address of L	imited Partnersnip)	

This	day of	•
Amsdo	Goneral Partner 11 Partners, Inc.	
STATE OF		
COUNTY OF	:	
of	OING instrument was acknowledged and swor , 19 77 , by <u>(1967 - 7 40 1977)</u>	n to before me this day (Name of General Partner) of
	mited Parntership), A - Ur, Atom,	(State or Country) Limited
Partnerhsip,	on behalf of the Limited Partnership.	
	Notary Public	
	State of at Large	
(SEAL)	My Commission Expires:	
(SEAL)	State of at Large	

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersign general partner of	ned, personally appeared RE VMSDEL TO ELPS ed partnership, hereinafter referred to as the	a
limite limite	d partnership, hereinafter referred to as th	ie "Partnership", who
certifies as follows		
1. The amount of capital co	ontributions of the limited partners is $\$ \underline{- } 9$,	825,967,00
2. The anticipated amount cated for the purposes of tra	of the capital contributions of the limited pa ansacting business in Florida is \$ <u>12.659.5</u>	artners that are allo-
This day of	July , 19 <u>96</u> .	-1
FURTHER AFFIANT SAY		i ja
Under penalties of perjury true, to the best of my know	lideclare that I have read the foregoing a ledge and belief.	ind that the facts are
	AMSDELL PARTNERS, INC.	
	General Partner	
	General Partner	
F	iv:	
	11000	
STATE OF 1 COUNTY	_	
COUNTY OF FORF	_	
	_	
to take acknowledgments in peared <u>Reserved ACS</u> me to be the person who ex acknowledged to me and be partnership.	ned officer, a Notary Public authorized to a and for the State and County set forth about to the County set forth about to the County set forth about to the County set fore me that he executed this Affidavit as	ove, personally ap- In to me and known by Contributions, and he General Partner of said
IN WITNESS WHEREOF, I State and County aforesaid, 19	have hereunto set my hand and affixed m this day of	y official seal, in the
	Notan Dublic	
SealOF ICIALSEN	Notary Public	
Sylvia Angarone Notary Public to do at Borons	State of at Large My Commission Expires	
My Commission of the Control of	Triy Commission Express	