

D20000000039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

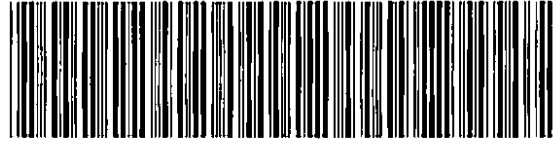
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 12 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FL

2020 OCT 12 AM 9:44

FILED

N. CHILGREN
OCT 1 - 2020



Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 10/12/2020

Trans#: 1151495

Entity Name: **FAM SELF-STORAGE IV – 111 DST**

Articles Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification (XXX)

Limited Partnership ()

Reinstatement ()

Other ()

Articles of Amendment ()

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

FATE FEES PREPAID WITH CHECK #1951 FOR \$367.50

LEASE RETURN:

Certified Copy (XX)

Plain Photocopy ()

Good Standing (XX)

Certificate of Fact ()

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

FAM Self-Storage IV – 111 DST

A Delaware statutory **TRUST**

In accordance with Section 609.02 of the Florida Statutes, pertaining to Common Law Declarations of Trust, the undersigned, the Chairman of the Board of Trustees of FAM Self-Storage IV – 111 DST,
(Name of Trust)

Delaware statutory Trust hereby affirms in order to file or qualify
(State)

FAM Self-Storage IV – 111 DST in the State of Florida.
(Name of Trust)

1. Two or more persons are named in the Trust.

2. The principal address is 10000 Memorial Dr #740
Houston, TX 77024

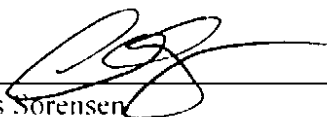
3. The registered agent and street address in the State of Florida is:
InCorp Services, Inc.
17888 67th Court North, Loxahatchee, FL 33470

4. Acceptance by the registered agent: Having been named as registered agent to accept service of process for the above named Declaration of Trust at the place designated in this affidavit, I hereby accept the appointment as registered agent and agree to act in this capacity.



Amber Ragland on behalf of InCorp Services, Inc.
(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Florida.

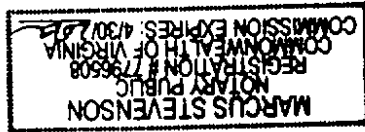


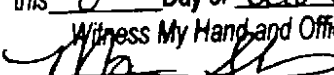
Name: Chris Sorensen
Manager of Sorensen Entity Services L.L.C. a trustee

NOTARY

Filing Fee: \$350.00
Certified Copy: \$ 8.75 (County of Chesterfield, Commonwealth of Virginia)

CR2E063(3/00)



Sworn and Subscribed before me on
this 8th Day of October, 2020
Witness My Hand and Official Seal
 Notary Public

SECRETARY OF STATE
TALLAHASSEE, FL

2020 OCT 12 AM 9:44

FILED


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF STATUTORY TRUST REGISTRATION OF "FAM SELF-STORAGE IV - 111 DST", FILED IN THIS OFFICE ON THE THIRD DAY OF SEPTEMBER, A.D. 2020, AT 11:35 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

3598118 8100
SR# 20207771421

Authentication: 203841519
Date: 10-12-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE of DELAWARE CERTIFICATE of TRUST

This Certificate of Trust is filed in accordance with the provisions of the Delaware Statutory Trust Act (Title 12 of the Delaware Code, Section 3801 et seq.) and sets forth the following:

• **First:** The name of the trust is FAM Self-Storage IV – 111 DST

• **Second:** The name and address of the Delaware trustee is

Sorensen Entity Services LLC, located at 1201 N. Orange Street, Suite 7044,
Wilmington, Delaware 19801-1189.

• **Third:** (Insert any other information the trustees determine to include therein.)

SORENSEN ENTITY SERVICES LLC

By: 

Trustee(s)

Chris Sorensen, Manager of Sorensen
Name: Entity Services LLC, the Delaware trustee

Typed or Printed