

D20000000039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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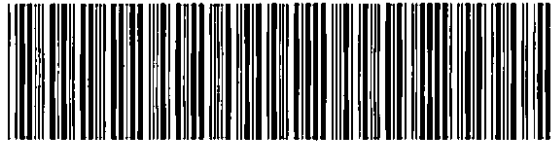
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 OCT 12 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 OCT 12 AM 9:44

FILED

NOT CHALLENGED

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 ( )

STATE 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.

NOTARY

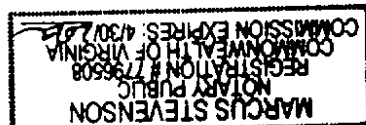
Name: Chris Sorensen

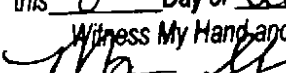
Manager of Sorensen Entity Services L.L.C. a trustee

Filing Fee: \$350.00

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

CR2E063(3/00)



Sworn and Subscribed before me on  
this 8<sup>th</sup> 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

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203841519  
Date: 10-12-20

## 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