John Howard Shows Attorney at Law Jon H. Powell Attorney at Law phone 601-664-0044 fax 601-664-0047 email jhshows@netdoor.com

February 28, 2001

Florida Secretary of State Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

STORAGEMAX DESTIN, LLC

500003796095--7 -03/02/01--01062--007 \*\*\*\*\*160.00 \*\*\*\*\*160.00 4,

### Gentlemen:

Re:

Enclosed please find the following:

- 1. Original Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- 2. Original Certificate of Designation of Registered Agent/Registered Office
- Original Certificate from State of Mississippi
- 4. Copy of the Certificate of Formation in the State of Mississippi

Also, I have enclosed a check in the amount of \$160.00.

Please call me if you need anything further.

Sincerely,

John Howard Shows

910h

JHS/hj Enclosure(s)

c Bob Lloyd

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

STORA	AGEMAX DESTIN, LLC		-			
	(Name of foreign	limite	d liability compan	<u> </u>		
			- monny compan	y)		
MS Jurisdiction under	r the law of which foreign limited liability	3.				
company is organi	zed)	7	(FE	number, if ap	plicable)	<del></del>
1/23/	01	_	<del>Damahaa</del> 1	7 /		RK
	ate of Organization)	5. Č	Perpetual  Duration: Year lin  vist or "nerretuel"	vited liability	31,2046	=
		è	xist or "perpetual"	nted hability c	ompany will o	cease to
NONE	TO DATE					
(Da	ate first transacted business in Florida. (Se	e secti	ons 608.501 608	502 and 817 t	55 F.C.)	
			5555551, 5555.		)), r.S.)	
<u> 4652</u>	Gulf Starr Drive					
Desti	n, FL 32540			·		
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limited liabili	ity company is a manager-managed	comr	yanı ohaalı kan	. [7]		
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Rober	t L. Lloyd			-		_
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40 No	rthtown Drive				₩ <u>₩</u>	2
Jacks	on, MS 39211			-		7
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ached is an origin	ral certificate of existence, no more than 90 or the law of which it is organized. (A photo	days old	l duly authenticate	d by the official	horizon a	1 c
junsaiction unde	r the law of which it is organized. (A photo tificate under oath of the translator must be s	copy is	not acceptable. If	he certificate is	in a family to	Iy of reco
islation of the cert	tificate under oath of the translator must be s	ubmitt	ed.)	- Cameric B	m a rorcián is	ustrage,
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lature of busine	ess or purposes to be conducted or p	promo	ted in Florida:	Self St	orage	
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	Signature of a member or an auth	orize	l representative	of a member	 r.	
	The second division of the contract of the con	., ше е	secution of this goof	ment constitute:	\$	
	an affirmation under the penalties of perjur	y that th	he facts stated herein	iment constitute:  1 are true.)	\$	
	The second division of the contract of the con	y mat ti	ne facts stated herei	iment constitutes  1 are true.)	\$	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.00					
1. The name of the Limited Liab	ility Company is:				
STORAGEMAX DESTIN,	LTC				
2. The name and the Florida street	et address of the registered	l agent and office are	e:		
Ted Lloyd					
	(Name)		<del></del>		
6022 Condo	r Drive		Ξω	0	
Florida street address (P.O. Box NOT ACCEPTABLE)					
Lakebend	FL	33809	E CONTROL E CONT	MAR -2	
	City/State/Zip	33009		7	
Having been named as registered ag iability company at the place design	ent and to accept service of	process for the abov	re stated lim	Ņ	-

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relatives to the proper and complete performance of my duties, and I am familiar with and accept the control of my position as registered agent as provided for in Chapter 608, F.S.

DELED (Log)
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# State of Mississippi

### Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

STORAGEMAX DESTIN, LLC

Formed January 23,2001

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

40 NORTHTOWN DRIVE JACKSON MS 39211

and that the registered agent at that address is:

ROBERT L LOYD

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

ARY OF SALES OF MISS

Given under my hand and seal of office February 07,2001

Tric Clark

ERIC CLARK, Secretary of State