	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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ESPS T I HAL K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 352286 AUTHORIZATION : CAPELLE CENTER COST LIMIT : \$ 70.00 ORDER DATE: January 13, 2023 ORDER TIME : 9:14 AM ORDER NO. : 352286-005 CUSTOMER NO: 4305966 FOREIGN FILINGS NAME: TSO VERO BEACH SELF STORAGE GP SPE, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER: \_\_\_\_

CONTACT PERSON: Eyliena Baker -- EXT#

## **COVER LETTER**

_	stration Section ion of Corporations			
SUBJECT:	TSO Vero Beach Self Storag	ge GP SPE, Inc.		
SOBSECT.		of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Stand	ing" and check are sub-	
Please return	all correspondence concern	ing this matter t	o the following:	
Jan R. Ezell, C	Corporate Paralegal			
		Name of P	erson	
Alston & Bird	LLP			
		Firm/Comp	oany	
1201 West Pea	achtree Street			
		Addres	SS	
Atlanta, GA 30	0309-3424			
		City/State and	d Zip code	
compliancema	il@cscglobal.com			
	E-mail address	s: (to be used fo	r future annual report n	otification)
For further in	formation concerning this n	natter, please ca	II:	
Jan R. Ezell		at (	881-7442	
Namo	e of Person	Area Code	_) 881-7442 Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following ame eck payable to: FLORIDA D ng Fee	EPARTMENT ( g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavai	able in Florida, enter alternate corporate name ad-			-
2. Georgia	3.	(FEI number, if applicable)		
(State or count	ry under the law of which it is incorporated)	(FEI number, if app	olicable)	-
4	5	(Date of duration, if other the		_
(Date	of incorporation)	(Date of duration, if other th	nan perpetual)	
6				_
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty liability	y)	
7 H170 Peachtree S	Street, Suite 2000, Atlanta, GA 30309			
· ·	(Principal office	street address)		-
1170 Peachtree	Street, Suite 2000, Atlanta, GA 30309			
	(Current mailing a	address, if different)	20	
			23	
8. Name and stre	et address of Florida registered agent: (P.O. l	Box NOT acceptable)	2	-77
Name:	Corporation Service Company		7	
Office Address:	1201 Hays Street		2023 JAN 17 PH 3:	
	Tallahassee	 Florida	. Σ	
	(City)	(Zip code)	· <del>-</del>	
0 Registered on	ont's accontance:			
		of process for the above stated	corporation at the p	place
Having been nan designated in this	ned as registered agent and to accept service application, I hereby accept the appointmen	nt as registered agent and agree	e to act in this capac	city. I
Having been nan designated in this further agree to c	ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rela	nt as registered agent and agree tive to the proper and complete	e to act in this capac	city. I
designated in this further agree to c	ned as registered agent and to accept service application, I hereby accept the appointmen	nt as registered agent and agree tive to the proper and complete	e to act in this capac	city. I
Having been nan designated in this further agree to c and I am familian	ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rela	nt as registered agent and agree tive to the proper and complete	e to act in this capac	city. I

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### A. DIRECTORS' Melody Mann-Simpson A. Boyd Simpson □ Chairman □Chairman 1170 Peachtree Street. Suite 2000 1170 Peachtree Street, Suite 2000 Address: Address: □ Vice Chairman ☐ Vice Chairman Atlanta, GA 30309 Atlanta, GA 30309 Director □ Director President □President ☐ Vice President □ Vice President □ Secretary ☐ Treasurer ☐Treasurer ■ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman □ Chairman Name: Name: □Vice Chairman Address: ☐ Vice Chairman Address: □Director □ Director □ President □President □Vice President □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other □Other □Chairman Name: □ Chairman Name: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: □ Director □Director □ President □President □Vice President \_\_\_ ☐ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. /s/ A. Boyd Simpson Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. A. Boyd Simpson, President

Control Number: 23006063

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### TSO Vero Beach Self Storage GP SPE, Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24258633 Date Inc/Auth/Filed: 01/06/2023 Jurisdiction : Georgia Print Date : 01/13/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State