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ACCOUNT NO.

072100000032

REFERENCE

808674

4351005

AUTHORIZATION

ORDER DATE: August 23, 2000

ORDER TIME : 2:10 PM

ORDER NO. : 808674-010

CUSTOMER NO: 4351005

CUSTOMER: Jeannie Gottlieb, Legal Asst

Heller Ehrman White &

40th Floor

601 South Figueroa Street Los Angeles, CA 90017

000003373810--5

FOREIGN FILINGS

NAME: PSA FLORIDA, LLC

QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PSA	A Flor	da, LLC		-		
			(1)	Name of foreig	n limi	ited liability company)
Jurisdict	laware tion under t is organize		ch foreign l	imited liability	3.	(FEI number, if applicable)
	23/200	•	on)	 .	5.	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
	(Da	e first transac	ted busines	31, 2000 s in Florida. (S uite 200	See se	ections 608.501, 608.502, and 817.155, F.S.)
Gle	endāle	, CA 93	201	,		
<u> </u>				(Street addre	ss of	principal office)
				e, Suite	<u>= 2</u>	00
PM % LT	Glen	dale, C.	A 9120			
Attache jurisdict	ion under th	e law of which	ı it is organi	e, no more than ized. (A photos slator must be s	соруі	ays old, duly authenticated by the official having custody of rec is not acceptable. If the certificate is in a foreign language, a itted.)
						promoted in Florida: Acquire, develop,
	n, and	x Cn	P B	PLQ	La!	cilities
		Signatu				norized representative of a member.

an affirmation under the penalties of perjury that the facts stated herein are true.)

Carl B. Phelps, authorized representative
Typed or printed name of signee

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. The name of	of the Limited Liability Compan	y is:			
PSA Flo	orida, LLC	-	The state of the s		i ing ing salah
2. The name a	and the Florida street address of	the registered a	gent and office are:		
	_	ga et et e e			
		(Name)			
	- v43				
	Tallahassee	FL City/State/Zip	32301	·	۷.
		City/State/Zip			

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Deborah D. Skipper as its agent

\$ 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 Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSA FLORIDA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2000.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0636305

DATE: 08-24-00

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