## JOSIA, GOLEY, EJERU DVDY ÆZR LIPA ATTOMES AT 3099 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FLORIDA 33308

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April 4, 2001

600003963396---5 -04/09/01--01004--009 \*\*\*\*\*125.00 \*\*\*\*\*125.00

VIA FEDERAL EXPRESS

Tammi Cline Secretary of State 409 East Gaines Street Tallahassee, FL 32314

RE: LOCKE SOVRAN I, A NEW YORK LIMITED LIABILITY COMPANY

Dear Ms. Cline:

Please be advised that my client would like to apply for a foreign corporation for authorization to transact business in Florida on the above referenced. In addition, enclosed please find our trust check in the amount of \$125.00, along with the application for this request. Also, I've enclosed an original Good Standing Certificate on Locke Sovran I, a New York Limited Liability Company.

Your assistance in this regard is greatly appreciated. Should you have any questions or need additional information, please do not hesitate to contact our office.

Sincerely

Corporation 1

R.E. Paralegal

/ccm Encl.

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

LIMITEDLIABILITY		NACT BUSINE	SS IN THE S	TATE OF F	LORIDA:			
1. LOCKE S	SOVRAN I	(Name of	W YOR	K Lin	ATTED COMPANY	LIABILI	ry cor	1PANLY
	JORIC the law of which f					- 159 798 number, if app		
4. NOVEM	GRR 6,2 e of Organization	000	5.	(Duration exist or	PGLPE : Year lim perpetual")	ted liability co	mpany will	cease to
6. UPON	QUALIFICA te first transacted t	mod		_				
7. <u>SOVRAN</u>	SELF ST	ORAGE,	INC.	· · · · · · · · · · · · · · · · · ·			5, F.S.)	
6467 1	arial STR	49I, W.	LLIAM	SVILLE	, 14	14221		
The name and u	sual business ac	ldresses of t	he managi	ng memb	ers or ma	ग्रबहुदार बाट व	s follows:	01 654 FILE
O. Attached is an origin the jurisdiction under translation of the central states.  1. Necture of the central states.	rthe law of which tificate under oath o	it is <del>organized</del> of the transistor	(Aphotocq maxbesib	y is not accomitted)	eptable. If	the certificate is	in a foreig	indy of reconstruction
1. Nature of busin	ess or purposes	to be condu	cted or pro	omoted in	Florida:	<u> </u>	2 THC	<i>1</i> 4 (4
	 !	2		, UP				
٠	Signature of (In accordance was affirmation was	ith section 608.	408(3), F.S., t	he execution	n of this doc	ument constituti		

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 the Limited Liability Company is:
LOCKE SOVRAN I, A NEW YORK LIMITED LIABILITY OUN
2. The name and the Florida street address of the registered agent and office are:
DUNALO J. DOODY, ESQ. (Name)
3099 EAST COMMERCIAL BLUD, #200  Florida street address (P.O. Box NOT ACCEPTABLE)
FT. LAUDERDALE FL 33308
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
(Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

## State of New York ss: Department of State

I hereby certify, that LOCKE SOVRAN I L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/06/2000, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



25-35-35-

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of March two thousand and one.

Special Deputy Secretary of State

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