Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001039473)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)222-9428

FOREIGN LIMITED LIABILITY COMPANY

Extra Space Properties Twelve LLC

Certificate of Status	5
Certified Copy	2
Page Count	04
Estimated Charge	\$210.00

Hadronic Flind Mess

Corporate Billing

Buble Asons were

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

IN COMPLIANCE WITH SECTION 608.504, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		n im	med liability company)	
	wate .	3	20-1096132	
	diction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)	
04/(07/2004	5.	Perponel	
	(Date of Organization)	7.	(Duration: Year limited liability company will ex exist or "perpensal")	ase to
0.5	/01/2004			
	(Date first transacted business in Florida. (S	ee si	ections 608.501, 608.502, and 817.135, F.S.)	
279	5 E Cottonwood Pkwy 400, Salt Lake City, UT 84121			
	(Street addre	SS 01	principal office)	
	,			
II li	mited liability company is a manager-manage	id co	ompany, check here 🔀	
The	name and usual business addresses of the ma	mae	ring members or managers are as follows:	SEC
	_			AH:
K	ent W. Christensen			- 25 ×
2	795 E. Cottonwood Parkway, #400		•	SEC
	alt Lake City, UT 84121			30
				<u> </u>

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.

2. The name	e and the Florida street a	iddress of the registered agent and office are:		_
	C T Corporation System			
	(Name)			
	c/o C T Corporation Sys	<u>.</u>		
	riorida si	rrect address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324		
		(City/State/Zip)		
iability comp egistered ag	cany at the place designa tent and agree to act in th ing to the proper and con	ent and to accept service of process for the above uted in this certificate, I hereby accept the appoi his capacity. I further agree to comply with the mplete performance of my duties, and I am fami as registered agent as provided for in Chapter (intment as $\geqq \wp$ provisions of a iliar with and	

\$ 5.00 Certificate of Status (optional) .

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXTRA SPACE PROPERTIES TWELVE 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 TENTH DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAKES HAVE NOT BEEN ASSESSED TO DATE.

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3100690

DATE: 05-10-04

3787465 8300

040338486