

Florida Department of State

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.

(((H08000208102 3)))



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

Division of Corporations

. Fax Number : (850)617-6383

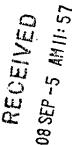
. From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5926

: (850)878-5926



ORIDA/FOREIGN LIMITED LIABILITY CO.

SSTI 15 McClure Dr. LLC

Certificate of Status	0
Certified Copy	0
Page Count	04.5
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



September 5, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION

SUBJECT: SSTI 15 MCCLURE DR, LLC

REF: W08000041201

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call $(850)\ 245-6067$.

Neysa Culligan Document Specialist FAX Aud. #: H08000208102 Letter Number: 608A00048854

dote of admission <u>914</u>

an sail ayn i ing

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SSTI 15 McClure Dr. LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Usability Company," "L.L.C.," "LLC,") Delaware (Jurisdiction under the law of which foreign limited liability f FEI number, if applicable) company is organized) September 3, 2008 (Duration: Year limited liability company will cease to exist or "porpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F S, to determine penalty liability) 15 McClure Dr. 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Strategic Storage Holding, LLC-5956 Sherry Lane, Suite 1000, Dallas, Texas 75225 10. Attached is an original certificate of existence, no triore than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under onth of the translator must be submitted.)

Signature of a member of an authorized representative of a member. (In accordance with section 608,408(3), F.S., the execution of this document consultates an affirmation onder the penalties of perjory that the facts stated herein are true.)

H. Michael Schwartz

Typed or printed name of signed

11. Nature of business or purposes to be conducted or promoted in Florida: Rent Estate

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.

SSTI 15 McClure	e Dr. LLC					-
If name unava	ilable, the alternate na	me to be used in	the state of F	torida is:		
2. The name a	and the Florida street a	dress of the reg	istered agent	and office are:	- , <u></u>	
		C T Corporatio	n System			
(Name)						
1200 South Pine Island Road Em						8
Florida Sueet Address (P.O. Bus NOT ACCEPTABLE)						名 "
	Plantation		1	33324	HASSIAN TARK	-
	W	City/St	nts/Zip		Meg	圣
liability compar- ugent and agree relating to the p	amed as registered ager ny at the place designat e to act in this capacity proper and complete pe ny position as registered CT Corporation System	ed in this certifica I further agree i rformance of my Lagent as provide	are. I hereby o to comply with duties, and I o ad for in Chap	accept the appoint h the provisions c um familiar with i	itment as re AN If all statutes and accept the	
8y: C	anie Brum	SPECIAL ACE		CRETARY)		<i>:</i>
	(Signature)					

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 25.00

\$ 30.00

5.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SSTI 15 MCCLURE DR, 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 TRIRD DAY OF SEPTEMBER, A.D. 2008.

4595401 8300

080923765

You may vorify this certificate onlin at corp. delaware.gov/authves.shtml

Daniel Smela Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6829117

DATE: 09-03-08