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S. HAWKES

SEP 2 3 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CT: TSRE III St. Pete Self Storage, LLC				
	Name of Limited Liability Company				
The end Existen	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please 1	eturn all correspondence concerning this matter to the following:				
	Rebecca Rostrup				
Name of Person					
Tellus Development, Ltd.					
Firm/Company					
	12287 Highway 49				
	Address				
	Gulfport, MS 39503				
City/State and Zip Code					
Dpicolo@tellusdevelopment.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Rebecca Rostrup at (228) 679-1156				
	Name of Person Area Code & Daytime Telephone Number				
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclosed is a check for the following amount:					
	\$125.00 Filing Fee \$\ \tag{\text{S130.00 Filing Fee & Certificate of Status}}\$\$ \$155.00 Filing Fee & \text{\$\text{S160.00 Filing Fee, Certificate of Status}}\$\$\$ Certified Copy				

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 TRANSACTBUSINESS IN THE STATE OF FLORIDA:

1. TSRE III ST. PETE (Name of Foreign Limited Liability Company; must in	SELF STORAGE, LLC			
(Name of Foreign Limited Liability Company; must in	nclude "Limited Liability Company," "L.L.C.," or "LLC."			
	S T			
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C," "LLC.")	rpose of transacting business in Florida and attach a copy of the written alternate name. The alternate name must include "Emitted Liberility".			
2. MISSISSIPPI (Jurisdiction under the law of which foreign limited liability)	3. 27-3449611			
company is organized)	ry (FEI number, if applicable)			
4. SEPTEMBER 2010	5. (Duration: Year limited liability company will cease to			
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")			
6.				
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7				
12287 Highway 49, Gulfport, MS 39503				
(Street Addre	ess of Principal Office)			
8. If limited liability company is a manager-manage	ed company, check here			
9. The name and usual business addresses of the ma	anaging members or managers are as follows:			
Tellus Equity GP, LLC				
12287 Highway 49				
Gulfport, MS 39503				
	90 days old, duly authenticated by the official having cus tody of records in copy is not acceptable. If the certificate is in a foreign language, a ubmitted.)			
11. Nature of business or purposes to be conducted	or promoted in Florida:			
Self Sto	rage Facility			
	president			
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes				
an affirmation under the penalties of perjury that the facts stated herein are true.)				
T. Danis Gora	XOY) DYESCOLVOL			
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:	E SE
TSRE III St. Pete Self Storage, LLC	2
If unavailable, the alternate to be used in the state of Florida is:	SEE
2. The name and the Florida street address of the registered agent and office are:	TO THE
Steve Andrews	
(Name)	
997 Industrial Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Crestview FL 32539 City/State/Zip	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and a obligations of my position as registered agent as provided for in Chapter 608, Florida State (Signature) \$ 100.00 Filing Fee for Application	t as registered statutes accept the
\$ 25.00 Designation of Registered Agent	

Certified Copy (optional)

Certificate of Status (optional)

5.00

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

TSRE III ST. PETE SELF STORAGE, LLC

A Mississippi Limited Liability Company has filed the necessary documents in this officeration has obtained a certificate of formation under the provisions of The Mississippi I imited I in the Company Act as shown by the records in the company Act as shown by the company Act as

That the registered office of said Limited Liability Company is located at:

12287 HIGHWAY 49, PO BOX 3226 **GULFPORT MS 39503**

and that the registered agent at that address is:

GORDON, T. DAVIS

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office September 21, 2010

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12272239-1 Page 1 of 1 Reference:

Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp