M13000006889

(Re	equestor's Name)	
. (Ac	ddress)	
(Ac	ddress) ,	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW [MAIL
· (B	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
·		
į		

Office Use Only



700252103307

13 0CT 30 ## 4:

2018 OCT 30 PH 3: 5

(OCT 3 1 2013

D. BRUCE



FOREIGN FILINGS

NAME: MSC TALLAHASSEE, LLC

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

CR2E027 (9/10)

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	MSC TALLAHASSEE	E, LLC	
		Name of Limited Liability Company	
		n Limited Liability Company for Authorization to Transact Business in Florida, register the above referenced foreign limited liability company to transact business.	
Please return	all correspondence cond	erning this matter to the following:	
	Wes Carter		
	• *	Name of Person	
	MSC Tallahassee	, LLC	
		Firm/Company	
	725 Park Center [Orive	
		Address	
	Matthews, NC 281	105	
		City/State and Zip Code	
	wcarter@mstarpro	perties.com	
	É-1	nail address: (to be used for future annual report notification)	-
For further in	formation concerning th	is matter, please call:	<u>. Na</u>
We	s Carter	704 847-0117	7013 OCT
	Name of P	erson Area Code & Daytime Telephone Number	130
	ILING ADDRESS:	STREET ADDRESS:	
	sion of Corporations	Division of Corporations	S R I
	istration Section	Registration Section	
	Box 6327	Clifton Building	£ 3.5 5.5
Talla	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	53
Enclosed is	a check for the follo	owing amount:	
		\$130.00 Filing Fee & Status Status Status Certified Copy S160.00 Filing Fee, Copy Status & Certified C	

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	
(Name of Foreign Limited Linbility Company: must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.") 2. Delaware 3.	ate name. The alternate name must include "Limited Liability
(Jurisdiction under the law of which foreign limited liability company is organized) 3.	(FEI number, if applicable)
4. October 30, 2013 5.	(Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in Flor	ida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. t 7. 5086 Tennessee Capital Blvd, Tallahassee Florida 3230	o determine penalty hability)
	f Principal Office)
 If limited liability company is a manager-managed c The name and usual business addresses of the managed blue Doors Storage Fund I, L.P. 	
725 Park Center Drive	
Matthews, North Carolina 28105	
10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	ays old, duly authenticated by the official having custody of records in a foreign language, a
11. Nature of business or purposes to be conducted or pstorage facility site	promoted in Florida: real property owner of
Phyllis A-	ÿ;
Signature of a member or an auti	norized representative of a member.
(In accordance with section 608.408(3), F.S., the execut- penalties of perjury that the facts stated herein are true.	tion of this document constitutes an affirmation under the I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)
Phyllis Max	thur.
Typed or printed i	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.

If unavailabl	le, the alternate to be used in	the state of Florida is:			
	B		4 5 \$ 75 4	·	
2. The name	e and the Florida street addr	ess of the registered agent and office are	2:		
	Corporation Service Com	npany			
	 	(Name)	<u></u>		
	1201 Hays Street				
	Florida Street	t Address (P.O. Box NOT ACCEPTABLE)		2013 (, comp
	Tallahassee	72301 FL		2019 OCT 30	emura emura
		City/State/Zip		<u>. </u>	
liability compregistered ag	pany at the place designated gent and agree to act in this d	City/State/Zip and to accept service of process for the a l in this certificate, I hereby accept the a capacity. I further agree to comply with lete performance of my duties, and I am j	ppointment as the provisions of	PH 3: 53	,

Sue G. Knight

Sue G. Knight

Assistant Vice President

accept the obligations of my position as registered agent as provided for in Chapter 608. Florida

Statutes:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MSC TALLAHASSEE, 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 THIRTIETH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MSC TALLAHASSEE, LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2013.

5423788 8300

131250750

AUTHENTICATION: 0853849

DATE: 10-30-13

You may verify this certificate online at corp.delaware.gov/authver.shtml