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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $\tau \phi$

Email Address:

Foreign Limited Liability Company FL Storage 2290 NW 19th Street, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
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MAY 1 9 2014 T CLINE

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Help

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

	ECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUL LITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLOR	
1. FI	STORAGE 2290 NW 19TH STREET, LLC limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	
(If name unavailable, enter alternational Liability Company, "L.L.C," or	ate name adopted for the purpose of transacting business in Florida. The alternate "LLC.")	name must include "Limited
2. Delaware	3.	
(Jurisdiction under the law of v company is organized)	which foreign limited liability (FEI number, if appli	cable) .
4		7 7 2
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	15. E
5	7 Giralda Farms	- FS
	Madison, New Jersey 07940	SSE 6
*	(Street Address of Principal Office)	m = 1 1 1 1
6.	7 Giralda Farms	ES S
	Madison, New Jersey 07940	5 9
	(Mailing Address)	
7. The name, title or cap PRISA LHC, LLC, sole i	pacity and address of the person(s) who has/have authority to rember	nanage is/are:
having custody of records	certificate of existence, no more than 90 days old, duly authors in the jurisdiction under the law of which it is organized. (Ante is in a foreign language, a translation of the certificate under	photocopy is not
	REFER TO ATTACHED PAGE FOR SIGNATURE	
(In accordance with section 605.020), arm aware that any false information s	Signature of an authorized person , F.S., the execution of this document constitutes at affirmation under the penalties of perjuit about the document to the Department of State constitutes a third degree felony as provi	ry that the facts stated herein are true. ded for in s.817.155, F.S.)
	REFER TO ATTACHED PAGE FOR SIGNATURE	
	Typed or printed name of signee	_

SIGNATURE PAGE

TO

FOREIGN LLC AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

In accordance with section 608.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

Date: May 16, 2014

FL STORAGE 2290 NW 19TH STREET, LLC

By: PRISA LHC, LLC, its sole member

200 m.

C, LLC, its sole member

Ducker Reserts -- Douglas Roberts

And Use And t Namo:

Title:

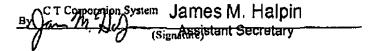
13 (23) (25) (33) (53)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 C	ompany is:	
	FL STORAGE 2290 NW 191	TH STREET, LLC	
If unavailable	e, the alternate to be used i	n the state of Florida is:	
2. The name	and the Florida street add	ress of the registered agent and office are:	
	C T Corporation System		— 55.5 20
		(Nume)	
	1200 South Pine Island Ro	ađ	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		TARY TARY
	Discouries.	23234	
	Plantation	FL 33324 City/State/Zip	FEGRIDA

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 605, 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

DXCD ...

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FL STORAGE 2290 NW 19TH STREET, 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 SIXTEENTH DAY OF MAY, A.D. 2014.

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

5511934 8300

140648317

You may vorify this cortificate online

jeffrey W. Bullock, Secretary of State

DATE: 05-16-14