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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company Self Storage Management LLC

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COVER LETTER

	Registration Section Division of Corporation	s		· ·	
SUBJEC	Self Storage Manag	ement LLC			
JODJEC		Name of Limited	Liability Company		
The enclo Existence	osed "Application by For , and check are submitte	eign Limited Llability Compa d to register the above referen	лу for Authorization to ced foreign limited liab	Transact Business in Florida," Certificate of ility company to transact business in Florida.	
Please ret	um all correspondence o	onceming this matter to the fi	blowing:		
		Mary	e of Person		
		Naii	e of Ferson		
	Self Storage Ma	nagement LLC			
		Firm	/Company		
	1200 South Pine	Island Road			
	Address				
	Plantation, FL 33	3324			
		City/Stat	e and Zip Code		
	rjackson@storage	post.com			
		E-mail address: (to be used f	or future annual report nor	ification)	
For further	r information concerning	this matter, please call;			
I	Robert M. Jackson		at (404) 418-	7879	
-	Name o	Contact Person		Daytime Telephone Number	
E R P	AAILING ADDRESS: Division of Corporations legistration Section O. Box 6327 allahassee, FL 32314	Division o Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section filding cutive Contor Circle se, FL 32301		
	is a check for the fo I \$125.00 Filing Fee	ollowing amount:	□ \$155.00 Filing Fee á Certified Copy	≥ □ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Self Storage Management LLC		
1. Self Storage Management LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")		
Storage Post Self Storage Management LLC		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must includ Liability Company," "L.L.C." or "LLC.")	e "Limit	ed
2. Delaware 3.		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4. May 23,2014		
(Date first transacted business in Florida, Il prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		010
5. 3050 Peachtree Rd. NW, Suite 300 Atlanta, GA 30305	<u>-</u> ،	Ω. ₹
	E	黑紅
(Street Address of Principal Office)	<u>~~</u>	
3050 Peophine Dd. NW Suite 300 Atlanta CA 30305	777	:>-< ::::
6		
	ب	
(Mailing Address)		(1) (1)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Bruce C. Roch, Jr, Chief Executive Officer - 3050 Peachtree Rd. NW, Suite 300 Atlanta, GA 30305		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the 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 oath of the must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts state am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 3.217.155	:d herein	
ROBERT M. TACKEN, Chief Administrate Mican		

Typed or printed name of signee

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	Company is:	
Self Storage Mana	gement LLC	·	
If unavailable, th	ne alternate to be use	d in the state of Florida is:	
Storage Post Self S	lorage Management LLC		
2. The name and		ddress of the registered agent and office are:	r 7
	CT Corporation System	1	夏 翠
		(Name)	JUN 24
	1200 South Pine Island	Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		#H 10: 39	
	Plantation	FL 33324	\D \(\frac{1}{2}\)
		City/State/Zip	

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.

CT Corporation S By:	Conine Bruga	_ Connie Bryan
	(Signature)	Company Committee

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO BEREBY CERTIFY "SELF STORAGE MANAGEMENT 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

CATION: 1482081

DATE: 06-24-14