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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

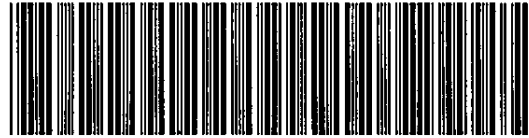
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

LAW OFFICES
SALVO ROGERS & ELINSKI
510 TOWNSHIP LINE ROAD
SUITE 150
BLUE BELL, PENNSYLVANIA 19422
TELEPHONE 215-653-0110
FACSIMILE 215-653-0383

October 2, 2014

Via UPS

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

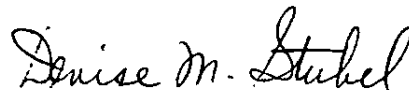
Re: **MM Storage, LLC**
-Application by Foreign Limited Liability Company for Authorization
to Transact Business in Florida

Ladies and Gentlemen:

I enclose for filing with your office one original and one copy of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the Delaware limited liability company, MM Storage, LLC. Also I enclose a check for \$155.00 made payable to the Florida Division of Corporations and a certificate of good standing dated September 22, 2014 from the Delaware Secretary of State.

Please return the filed document to me at your earliest convenience. Should you have any questions regarding the enclosed, please feel free to contact me at 215/ 653-0110, ext. 25. Thank you.

Very truly yours,



Denise M. Stubel
Paralegal

enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MM Storage, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Denise M. Stubel, Paralegal

Name of Person

c/o Salvo Rogers & Elinski

Firm/Company

510 Township Line Road, Suite 150

Address

Blue Bell, Pennsylvania 19422

City/State and Zip Code

besslinger@usac1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise M. Stubel

Name of Contact Person

at (215) 653-0110

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. MM Storage, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 47-1693741
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. upon registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 636 Skippack Pike, Suite 100
Blue Bell, Pennsylvania 19422
(Street Address of Principal Office)

6. 636 Skippack Pike, Suite 100
Blue Bell, Pennsylvania 19422
(Mailing Address)


7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| | |
|---|--|
| <u>Bruce D. Manley</u> | <u>E. Barry Mansur</u> |
| <u>Authorized Person</u> | <u>Authorized Person</u> |
| <u>c/o JMM Family Limited Partnership</u> | <u>c/o Mansur Storage Partners, L.P.</u> |
| <u>636 Skippack Pike, Suite 100</u> | <u>875 North Michigan Ave., Suite 3620</u> |
| <u>Blue Bell, PA 19422</u> | <u>Chicago, IL 60611</u> |

8. Attached is an original certificate of existence, no more 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 oath of the translator must be submitted)


Signature of an authorized person Bruce D. Manley, 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 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.)


Typed or printed name of signer

**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:

MM Storage, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

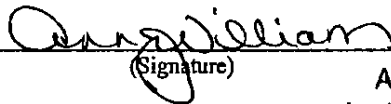
Plantation

FL

33324

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.


(Signature)

ANN J. WILLIAMS
Assistant Vice President

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

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MM STORAGE, 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-SECOND DAY OF SEPTEMBER, A.D. 2014.

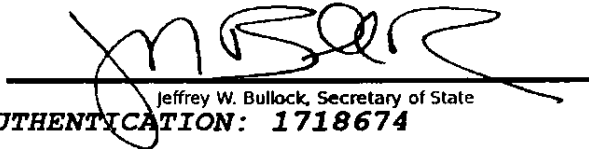
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TALLAHASSEE, FLORIDA



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1718674

DATE: 09-22-14