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#### Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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JUL 0 1 2015 Enter the email address for this business entity to be used for future existe email address for this business energy to be accepted annual report mailings. Enter only one email address please.\*\* J SHIVERS

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### Foreign Limited Liability Company CSFL 7244 Overland Road, LLC

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#### COVER LETTER

TO:	Registration Section Division of Corporation	3					
SUBJE	CSFL 7244 OVERL	AND ROAD, LLC					
		Name of	Limited Liability C	Company		,	
Existen	ce, and check are submitted	rign Limited Liability Comp I to register the above refere oncerning this matter to the	enced foreign limit	tion to Tra ed liability	ansact Business in Florida,' y company to transact busin	Certificate of tess in Florida	
7 icase i	Sally Action	one mag and made to the	ionownig.				
	Name of Person						
	LifeStorage Mar	nagement, LLC					
			ı				
	3470 Mt. Diable	3470 Mt. Diablo Blvd, Suite A310					
	<del></del>	Address					
	Lafayette, CA, 9						
		City/State and Zip Code					
	<del></del> -	E-mail address: (to be used	for future annual	report not	ification)		
For furt	her information concerning	this matter, please call:					
	Sally Action	Contact Person	415 _at (	982-01 Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Contact I erson	1414 5121	STREET Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section		
Enclose	d is a check for the followin □ \$125.00 Filing Fee	ng amount:  II \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		

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

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

1. CSFL 7244 OVERLAN (Name of Fore		must include "Limite	d Liability Company," "L.L.C.," or "L	LC.")	-
(If name unavailable, enter al Liability Company," "L.L.C,"		pose of transacting by	isiness in Florida. The alternate name	muri include "I	Limited
2. Delaware	or duc. )	_		•	
	of which foreign limited liability	3	(FEI number, if applicable)	•	_
4	(Date first transacted bu	siness in Florida, if pr	ior to registration.)		
5 [380 Lead Hill Blvd.,	(See sections 605.0904 & ( Suite 200	505.0905, F.S. to dete	rmine penalty liability)		
Roseville, CA, 95661					
	(Street Address	of Principal Office)			
6. Same as a	bove.			در بند	,
					35
	(Mail:	ng Address)	· · · · · · · · · · · · · · · · · · ·	हेर्न कर्या स्थान	$\equiv$
7. Name and street address	s of Florida registered agent:	P.O. Box NOT a	eceptable)	3.5	32E
	CT Corporation System	(3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 /	,	SS	õ
Name:			<del></del>	ं ं	<b>≥</b>
Office Address:	1200 South Pine Island Roa	<u> </u>		ري س س	B.
	Plantation		, Florida 33324	OR A	_
Registered agent's accep	(City)	)	(Zip code)		<b>©</b>
Having been named as rethis application, I hereby	gistered agent and to accept . accept the appointment as re statutes relative to the propar	gistered agent and and complete perf	or the above stated corporation at agree to act in this capacity. I ful ormance of my duties, and I am fo a Byers, Assistant Secretary	rther agree to	comply
	(Re	gistered agent's signa	ture)		
8. The name, title or capa Mark Good, Member/CE0	ocity and address of the person	n(s) who has/have a	uthority to manage is/are:		
1360 Lead Hill Blvd. Suit	e 200		-		
Roseville, CA, 95661				<del></del>	
	of which it is organized. (If the abmitted)	e certificate is in a	enticated by the official having cu foreign language, a translation of th		
	Signa	ture of an authorized (	person		
This document is executed submitted in a document to	the Department of State cons	05.0203 (1) (b), Flo stitutes a third degre	rida Statutes. I am aware that any fi e felony as provided for in s.817.1:	alse informations 55, F.S.	n
	Mark Good, Member/CEO				

Typed or printed name of signee

# <u>Delaware</u>

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CSFL 7244 OVERLAND ROAD, 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 JUNE, A.D. 2015.

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

15 JUN 30 AM 7: 40
SECRETARY OF STATE



AUTHENTICATION: 2514428

ICATION: 2514428

DATE: 06-30-15

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