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Florida Department of State

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COVER LETTER

_	on of Corporation SFL 1236 VINEL	AND ROAD, LLC				
UBJECT: _		,.,	Limited Liability (Соптралу		
he enclosed "/ xistence, and o	Application by For check are submitte	eign Limited Liability Com	pany for Authoriza	tion to Tr	ansact Business in Florida," y company to transact busine	Certificatess in Flor
ease return al	correspondence	concerning this matter to the	following:			
	Sally Action					
		N	ame of Person		· · · · · · · · · · · · · · · · · · · 	
	LifeStorage M	magement, LLC				
		F	irm/Company			
	3470 Mt. Diab	o Blvd, Suite A310				
			Address		<u> </u>	
	Lafayette, CA,	94549				
	•	City/S	tate and Zip Code			
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Sally /	Aclion		415 at (982-01	95	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ation Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section building coutive Center Circle sec, FL 32301	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603-0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SSFL 1236 VINELAN	D ROAD, LLC sign Limited Liability Company; must include "Lin	nited Liability Company," "L. L.C.," or "L	(LC. ⁱ ')	
(3-44110-03-6-01-6	No. 2 march 2012 1 march 100 200	more supporting to the support	,	
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting or "LLC.")	g business in Florida. The alternate name	must include "Limited	
2. Delaware				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	If prior to registration.)		
5. 1380 Lead Hill Blvd.,	·	sectame palary transity		
Roseville, CA, 95661				
	(Street Address of Principal Offic	c)	\sum_{i}	
6. same as al	oove		;	
			≥≥	
**	(Mailing Address)		JUN 30 RETARN AHASSI	
7. Name and street address	ss of Florida registered agent: (P.O. Box NO	<u>r_acceptable)</u>	AN AN	
Name:	CT Composition System			
Office Address:	1200 South Pine Island Road		SIA SIA	
	Plantation	, Florida 33324		
	(City)	(Zip code)	2.	
this application, I hereby	gistered agent and to accept service of proce. accept the appointment as registered agent a statutes relative to the proper and complete p ilion as registered agent.	nd agree to act in this capacity. I fu	irther agree to comply	
	(Registered agent's si	gnature)		
8. The name, title or caps Mark Good, Member/CE	acity and address of the person(s) who has/hav	e authority to manage is/are:		
1360 Lead Hill Blvd. Suit				
Roseville, CA, 95661				
ROSEVIIIE, CA, 93001				
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is in ubmitted)	nuthenticated by the official having on a foreign language, a translation of t	islody of records in the the certificate under eath	
	Signature of an authoriz	ed person		
This document is executed submitted in a document to	i in accordance with section 605.0203 (1) (b), on the Department of State constitutes a third de	Florida Statutes. I am aware that any a gree felony as provided for in s.817.1	false information 55, F.S.	
	Mark Good, Member/CEO			

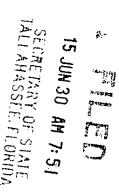
Typed or printed name of signee

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SSFL 1236 VINELAND 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.





AUTHENTICATION: 2514437

DATE: 06-30-15

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150990687