

Division of Corporations

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Foreign Limited Liability Company  
Storage Partners of Miami I, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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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 FLORIDA:

1. **STORAGE PARTNERS OF MIAMI I, 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**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **47-4167317**

(FEI number, if applicable)

4. **Upon qualification**

(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, PA 19422**

(Street Address of Principal Office)

6. **636 Skippack Pike, Suite 100, Blue Bell, PA 19422**

(Mailing Address)

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)Name: **Registered Agents Inc.**Office Address: **3030 N. Rocky Point Dr., Suite 150A****Tampa**, Florida **33067**  
(City) (Zip code)**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**/s/ Bill Havre, President**

(Registered agent's signature)

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

**Bruce D. Manley (Manager)****636 Skippack Pike, Suite 100, Blue Bell, PA 19422**

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

**/s/ Bruce D. Manley**

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

**Bruce D. Manley**

Typed or printed name of signer

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STORAGE PARTNERS OF MIAMI I, 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 SECOND DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STORAGE PARTNERS OF MIAMI I, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2015.

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

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jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2427294

DATE: 06-02-15

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