Division of Corporations **Electronic Filing Cover Sheet**

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Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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Foreign Limited Liability Company PSI Atlantic TRS, LLC

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COVER LETTER

	vision of Corporations			•					
STIB IECT.	PSI Atlantic TRS, LLC								
SUBJECT:		Name of I	imited Liability	Company					
					ansact Business in Florida, y company to transact busi				
Please return	n all correspondence can	cerning this matter to the	following:						
	Jaye Vacca					•			
	Name of Person								
	CubeSmart								
	'Firm/Company								
	5 Old Luncuster Road								
	Address								
	Malvem, PA 19355								
	City/State and Zip Code								
	jvacca@cubesmart.								
	E	-mail address: (to be used	for future annual	report not	(fication)	ı			
For further in	nformation concerning th	is matter, please call:							
Jaye Vacca		610 at (535-57						
	Name of C	ontact Person	Area Code	Day	time 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 Taliahassee, FL 32301						
		amount: \$130.00 Filling Fee & Certificate of Status	☐ \$155,00 Fills Certified Copy		ロ\$160,00 Filing Fee, Co				

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: PSI Atlantic TRS, 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 46-5654629 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, Il applicable) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5 Old Lancaster Road, Malvern, PA 19355 (Street Address of Principal Office) 5 Old Lancaster Road, Malvern, PA 19355 (Moiling Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligutions of my position as registered agent. MARGARET E. ROUTZAHN Special Analstant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christopher P. Marr, President, 5 Old Lancaster Road, Malvern, PA 19355 Timothy M. Martin, Treasurer, 5 Old Lancaster Road, Malvern, PA 19355 Jeffrey P. Foster, Secretary and Vice President, 5 Old Lancaster Road, Malvern, PA 19355 Douglas Tyrell, Vice President, 5 Old Luneaster Road, Malvern, PA 19355 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) Signature of the 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.

Jeffrey P. Foster, Vice President

Typed or printed name of algaeo



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSI ATLANTIC TRS, 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-FIRST DAY OF DECEMBER, A.D. 2015.

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



5533071 8300

SR# 20151471737 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10662078

Date: 12-21-15