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2016 JAN -6 AM 9:01

DEPARTMENT OF STATE

JANOT 2016 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 943852 4311639

AUTHORIZATION

COST LIMIT : \$ 125.00 Ma.

ORDER DATE: January 5, 2016

ORDER TIME : 9:41 AM

ORDER NO. : 943852-005

CUSTOMER NO: 4311639

FOREIGN FILINGS

NAME: FTPA STORAGE DUNDEE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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:

Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated to designated in this application, I hereby accept the appointment as registered agent and agree to complywith the provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent.	if applicable)
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4. Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability liability of the proper and complete performance of accept the obligations of my position as registered agent. 3. Applied For (FEI number. (FEI number.) (FEI number.) (FEI number.) (FEI number.) (FEI number.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability liability liability liability of the penalty liability liability liability of the penalty liability liabilit	2010 JAN - 6 AN SSECTION OF THE STATE OF THE
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A: 8. The name, title or capacity and address of the person(s) who has/have authority to manage is	to act in this capacity. I further agre-
8. The name, title or capacity and address of the person(s) who has/have authority to manage is	sst. Vice President
	s/are:
"	
215 East 58th Street, #4C	
New York, NY 10022	
O. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the officurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a truly of the translator must be submitted)	
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am av	

Brian R. Cohen, Authorized Person

Typed or printed name of signee

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FTPA STORAGE DUNDEE 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 FIFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FTPA STORAGE DUNDEE LLC" WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2016.

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

Authentication: 201616994

Date: 01-05-16

5927096 8300 SR# 20160048326

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