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WESTPORT LONGWOOD SELF STORAGE LLC

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TO:

то:	Registration Section Division of Corporation	ns				
SHRIF	WESTPORT LON	GWOOD SELF STORAGE	LLC			
SCHOL	<u></u>		Limited Liability	Company		
The en Exister	closed "Application by Fo	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ted liability	ansact Business in Florida," y company to transact busin	Certificate of less in Florida
Please	return all correspondence	concerning this matter to the	following:			
	<u></u>	N	ame of Person			
	<u></u>					
		F	irm/Company			
Address						
		City/S	State and Zip Code			
		E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther information concernit	ng this matter, please call:				
	Name	of Contact Person	at (Area Code	_) Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>.</u>	. I va Code	STREET Division Registrate Clifton B 2661 Exe	CADDRESS: of Corporations ion Section	
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount: \$\Bigsim \text{\$\frac{1}{2}\$}\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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: Westport Longwood Self Storage, 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.") Delaware (FEI number, if applicable) (hurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine ponalty liability) 460 Florida Central Parkway Longwood, Florida 32750 (Streat Address of Principal Office) c/o Westport Properties, Inc., 2201 Dupont Drive; Ste 700 Irvine, California 92612 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor Office Address: Tallahassee 32301 (City) 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. See attached (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Barry Hoeven, Chairman of the Board of Westport Properties, Inc., Manager - 2201 Dupont Drive, Ste. 700, Irvine, CA 92612 Charles Byerly, President and OFO of Westport. Properties, Inc., Manager - 2201 Dupont Drive, Ste. 700, Irvine; CA 92812 Drew Hooven, Secretary of Westport Properties, Inc., Manager - 2201 Dupont Drive; Ste. 700, Irvine, CA 92612 Scott Nguyen, Vice-President of Westport Properties, Inc., Manager - 2201 Dupont Drive, CA 92612 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 contificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any falso information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.) Drew Hoeven Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 2/11/2016

ENTITY NAME: WESTPORT LONGWOOD SELF STORAGE LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary Paracorp Incorporated

Winh H

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WESTPORT LONGWOOD SELF STORAGE, 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 FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WESTPORT LONGWOOD SELF STORAGE, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2016.

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

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Authentication: 201763823

Date: 02-02-16

5949659 8300 SR# 20160524528

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