3/29/2016 11:09:26 AM From: To: 8506176383(1/3)



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To:	Division of Corporations Fax Number : (850)63'	7-6383 .	
ann	Account Name : C T CORNACCOUNT Number : FCA00000 Phone : (850)205 Fax Number : (850)876 The email address for this bual report mailings. Enter	00023 5-8842 3-5368 Dusiness entity to be	used for future
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a.	Foreign Limited SS FORT WALTON HA		LLC
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	SS FORT WALTON HA	ARRELSON DRIVE,	LLC D

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$125.00

MAR 3 0 2016 D.BRUCE

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:

SS Fort Walton Harrel		The second second second second	Limited Liability Company," "L.L.C." o	za ryz m	<u></u>	<u> -</u>
(Manue of Post	eign Emmed Elsomty C	.onquiy; must menude 1	ытвец ывынсу сотралу, " ь, ы.с., " о	T LIGU.		
(If name unavailable, enter a Liability Company," "L.L.C.		or the purpose of transact	ing business in Florida. The alternate na	me must in	clude "Lir	balin
2 Delaware	,	2				
(Jufisdiction under the law company is organized)	of which foreign limite	d liability	(FEI number, if applicable	e)		-
4. upon filing	* *	Imperior and same as a little of				
		sarted business in Florida 5.0904 & 605.0905, F.S. to	. If prior to registration.) o determine penalty liability)	_		
5. 7932 West Sand Lake	Road, Suite 108					
Orlando, FL 32819	7 4 3044	777				
, 7932 West Sand Lake F	•	t Address of Principal Off	ice)	•		
0.						
Orlando, FL 32819		(Malling Address)	Harani ka sa matana matana managa	ب		
a Mana and imaga aidhea		, , ,	Mr t-lax			
7. Name and street addres	g of Piorida registered CT Corporation Sys		21 acceptable)			
Name:	· 	The Paris				
Office Address:	1200 South Pine Isla	and Koad				
	Plantation	AUX A				
Registered agent's accept	tance:	(Cliý)	(Zip code)			
Having been named as req designated in this applicat	gistered agent and to tion, I hereby accept to the of all statutes bate	the appointment as res ative to the proper and troit agent. yeleft	ess for the above stated limited liab gistered agent and agree to act in the complete performance of my dutte Angel Nune Assistant Secre	its Eapácity 3. emil 1 an Z	p. Gurl in Firmilla E	er agree
		(Registered agent's	aignature)	⁷	29	tandania 1
8. The name, title or capa BSREP II Simply Storage		io person(s) who has/ha	we authority to manage is/are:		\triangleright	
c/o Kyle A. Schmutzler, 79	e on die e Te e	Road, Suite 108, Orlan	do, FL 32819		خ	
Kurt E. O'Brien, 7932 Wes	st Sand Lake Road, S	uite 108, Orlando, FL	32819, Manager	3	œ	
9. Attached is a certificate	of existence, no more	than 90 days old, duly od. (If the certificate is i	suthenticated by the official having in a foreign language, a translation o			
This decomposition of	!	Signature of thi authori		عداء اعر		
i his document is executed submitted in a document to	the Department of St	ate constitutes a third d	, Florida Statutes. I am aware that an egree felony as provided for in s.817	y raise into '.155, F.S.	mation	
	Kyle A. Schmutzler,	, SVP, BSREP II Simpl	y Storage JV LLC, Manager			

Typed or printed name of signee

<u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SS FORT WALTON HARRELSON DRIVE, 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-NINTH DAY OF MARCH, A.D. 2016.

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

Authentication: 202056837

Date: 03-29-16

6000904 8300 SR# 20161928983

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