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Florida Department of State
Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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Foreign Limited Liability Company
SS PALM CITY, LLC

Certificate of Status	0
Certified Copy	0
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K. SALY
EXAMINER
MAR 30

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. SS Palm City, 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. _____

(FEI number, if applicable)

4. upon filing

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 7932 West Sand Lake Road, Suite 108

Orlando, FL 32819

(Street Address of Principal Office)

6. 7932 West Sand Lake Road, Suite 108

Orlando, FL 32819

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

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 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.*

C.T. Corporation System

By: _____

(Registered agent's signature)

Angel Nunez

Assistant Secretary

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

BSREP II Simply Storage JV LLC, Manager

c/o Kyle A. Schmutzler, 7932 West Sand Lake Road, Suite 108, Orlando, FL 32819

Kurt E. O'Brien, 7932 West Sand Lake Road, Suite 108, Orlando, FL 32819, Manager

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 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.817.153, F.S.

Kyle A. Schmutzler, SVP, BSREP II Simply Storage JV LLC, Manager

(Typed or printed name of signer)

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2016 MAR 29 AM 10:05
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SS PALM CITY, 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.

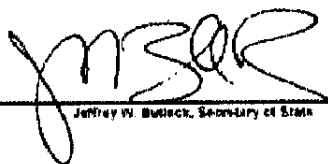
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Jeffrey W. Bullock, Secretary of State

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Date: 03-29-16