(Re	questor's Name)	•.				
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

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16 APR 21 AH 11: 12

APR 2 2 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 111857 7585068

AUTHORIZATION : \_

COST LIMIT : \$ 160.00

ORDER DATE : April 21, 2016

ORDER TIME : 9:52 AM

ORDER NO. : 111857-005

CUSTOMER NO: 7585068

#### FOREIGN FILINGS

NAME: STORAGE PARTNERS OF PEMBROKE

PINES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

### **COVER LETTER**

TO:	Registration Section Division of Corporation	ns				
SUBJE		ERS OF PEMBROKE PIN	NES, LLC			
SODJI	<u> </u>	Name of	Limited Liability (	Company		
					nsact Business in Florida," Certificate of company to transact business in Florida	
Please	return all correspondence of	concerning this matter to the	e following:			
		Ŋ	Name of Person			
Firm/Company						
Address						
		City/	State and Zip Code			
		E-mail address: (to be use	ed for future annual	report not	ification)	
For fur	ther information concernin	g this matter, please call:				
	Name c	of Contact Person	at ( Area Code	_) Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section	
Enclose	ed is a check for the follow \$125.00 Filing Fee	ring amount:  \$\Boxed\$\$ \$\\$130.00\$ Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

## 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:

STORAGE PARTNER	RS OF PEMBROKE PINES, LLC		
(Name of Fore	ign Limited Liability Company; must include "Limi	ed Liability Company," "L.L.C.,"	or "LLC.")
	Iternate name adopted for the purpose of transacting	ousiness in Florida. The alternate	name must include "Limited
Liability Company," "L.L.C,"		1 C	
2. Delaware	of which foreign limited liability  3. Applie	G for (FEI number, if applica	ble)
company is organized)	of which foreign fillitied hability	(Fist number, it applies	ole)
4	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	orior to registration.)	<del></del>
5 c/o The Hampshire Co			
J	rristown, New Jersey 07960		
22 Wapie Trende, Wo	(Street Address of Principal Office)	<u> </u>	<u> </u>
6	114.7	*	_ <del></del>
	(Mailing Address)		
7 Name and stored address			
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT Corporation Service Company	acceptable)	
Name:			
Office Address:	1201 Hays Street		·
	Tallahassee	, Florida <sup>32301</sup>	
Registered agent's accep	(City)	(Zip code)	
Having been named as re	gistered agent and to accept service of process		
	tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and co		
accept the obligations of t	my position as registered agent.  Corporation Service Company		ားမှ
			Courtney ₩illiams
	By: (Registered agent's sign	nature)	Courtney Williams Asst. Vice President
		iature	
<u>-</u>	acity and address of the person(s) who has/have	•	
H&M STORAGE PARTI	NERS OF PEMBROKE PINES, LLC, Manage	<u> </u>	·
c/o The Hampshire Comp	panies		
22 Maple Avenue, Morris	stown, New Jersey 07960		i tida
	of existence, no more than 90 days old, duly au of which it is organized. (If the certificate is in aubmitted)		
	By: /s/Mark S. Rosen		
	Signature of an authorized	l person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Floothe Department of State constitutes a third degr	orida Statutes. I am aware that ree felony as provided for in s.	any false information 817.155, F.S.
	Mark S. Rosen		

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STORAGE PARTNERS OF PEMBROKE PINES,

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 APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STORAGE PARTNERS

OF PEMBROKE PINES, LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY,

A.D. 2016.

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

A STATE OF THE STA

Authentication: 202186424

Date: 04-21-16

5953297 8300 SR# 20162452249