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CORPORATION SERVICE COMPANY 1201 Hays Street

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XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 242734 4305390			
AUTHORIZATION : Spelle le man			
COST LIMIT : \$ 130.00			
ORDER DATE : August 3, 2016			
ORDER TIME : 10:43 AM			
ORDER NO. : 242734-005			
CUSTOMER NO: 4305390			
FOREIGN FILINGS			
NAME: PRIME STORAGE ROCKLEDGE, LLC			
XXXX QUALIFICATION (TYPE: LL)			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY			

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: PRIME STORAGE ROCKLEDGE, LLC (Name of Foreign Limited Limbility Company; must include "Limited Limbility 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 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 85 Railroad Place Saratoga Springs, NY 12866 (Street Address of Principal Office) 85 Railroad Place Saratoga Springs, NY 12866 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Incorporating Services, Ltd. Inc. Name: 1540 Glenway Drive Office Address: Tallahasse 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 disce designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ligree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia from and accept the obligations of my fastition as registered agent. , Assistant Secretary egistored agent's signature) φ 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Prime Storage Fund I, LLC, Sole Member - 85 Railroad Place, Saratoga Springs, NY 12866 9. Attached is a certificate of existence, no more than 90 days old out authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate's 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.817.155, F.S.

Typed or printed name of signee

Robert J. Moser

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRIME STORAGE ROCKLEDGE, 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 THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIME STORAGE ROCKLEDGE, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2016.

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

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SECRETARY OF STATE
ANALYSISE FLORIDA

Authentication: 202770119

Date: 08-03-16

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