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2016 SEP 23 P I: 46

THIS AS THE COLD STATES

D. BRUCE SEP 26 2016 September 23, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10172778 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

iStorage PO, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com יין רני פנט אין די

Page 1 of 1

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

IN COMPLIANCE WITH SECTION 665-602, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSFECTION SECTION SECTION OF FLORIDA.

iStorage PO, LLC	SROWN LYTTH, STATEON FORMER.					
_	zign Limited Liability Company; mus	t include "Limited Lia	bility Company." "L.f. C.," or	71.C.7		
(If name unavailable, enter al Liability Company," "L.I. C."	Iternate name adopted for the purpose	of transacting busines	ss in Florida. The alternate nar	ne must mel	lude "Lin	nited
5 Delaware		3 81-3842013				
(furisduction under the law company is organized)	of which foreign limited liability 9/19/2016		(FEI number, it applicable	}		
4	(See sections 605,0904 & 605.t	s in Florida, il prior to 1905, F.S. to determin	registration) e penalty hability)			
S Greenwood Village, Co						
\$200 FYEC Parkway Si	(Street Address of P	•				
Greenwood Village C	O 2011			_		
	(Maling A	(ddress)		_		
7. Name and street address	s of Florida registered agent: (P.C	D. Box <u>NOT</u> accept	able)			
Name:	C T Corporation System		-	골:	2 <u>8</u> i	
Office Address:	1200 South Pine Island Road		_	LAH,	435 g	77
	Plantation		. Florida 33324 (Zip code)		2	
designated in this applica to complywith the provision accept the obligations of t	gistered agent and to accept serv tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent. CT Corporation Sv By:	nem as registered a proper and complete stem ap 1	e above stated limited liab gent and agree to act in the performance of my duties	ія сп расіц	'. I f urtl	ier agree
	(Registe	red agent's signature)				
8. The name title or capa iStorage Mezz, LLC (Mer	ucity and address of the person(s) inher)	who has/have author	rity to manage is are:			
5200 DTC Parkway, Soite	: 200					
Greenwood Village, CO	80111					
	of existence, no more than 90 day of which it is organized. (If the ce abmitted)					
	TZ, D	of an authorized perso	n	•••		
	I in accordance with section 605.0 of the Department of State constitut	203 (1) (b), Florida	Statutes. I am aware that an	y false into	rmation	
	Tamara D. Fischer, Authorized I	Person		y 1040		
	Typed or pr	inted name of signee				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ISTORAGE PO, 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-SECOND DAY OF SEPTEMBER, A.D. 2016.

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

Authentication: 203038900

Date: 09-22-16

6112364 8300 SR# 20165896593

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