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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

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9/28/16

NAME:

FOWLER SS ASSOCIATES, LLC

TYPE OF FILING: APPLICATION

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2016

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: FOWLER SS ASSOCIATES, LLC

Ref. Number: W16000066973

We have received your document for FOWLER SS ASSOCIATES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

What is the title for "BVREP IV FLAGSHIP SELF STORAGE, LLC"? The document only states the VP of the "c/o" company.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

ase keep origing.
2. Thanks!

Karen A Saly Regulatory Specialist II

Letter Number: 016A00020930

www.sunbiz.org

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(City) Registered agent's acceptance: Warding been named as registered agent and to accept service of pracess for the above stated limited liability company at the place designated in this applications, thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duries, and I am familiar with and accept the obligations of my postition as registered agent. Name: Name: NRAI Services, Inc. Office Address: (City) (Zip code)	Fowler SS Associates,	LLC		
Delaware Durisdiction under the law of which foreign limited liability company is organized) (Date first transacted burdens in Florida, If prior is registration) (See sections 605.0904 & 605.0908, F.S. to determine penalty liability) (Observations 605.0904 & 605.0908, F.S. to determine penalty liability) (Observations 605.0904 & 605.0908, F.S. to determine penalty liability) (Observations 605.0904 & 605.0908, F.S. to determine penalty liability) (Surveit Address of Florida registered agent (National Office) (Mailing Address) (Name: NRAI Services, Inc. Office Address: (City) (City) (City) (City) (City) (City) (City) Registered agent's acceptance: (Inving been named as registered agent and to accept service of pracess for the above strated 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 complywith the provisions of all statutes relative to the proper and complete performance of my duries, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	(Name of Fore	ign Limited Liability Company; must	include "Limited Liability Company," "L.L.C.,"	or "[.].C."]
Delaware Oursidiction under the law of which foreign limited liability (PEI number, if applicable) (Date flist transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0903, F.S. to determine penalty hisblity) c/o Blue Vista Capital Management, LLC 353 North Clark Street, Suite 730, Chicago, IL 60054 (Street Address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRA1 Services, Inc. Office Address: 1200 South Pine Island Road Plantation (City) Registered agent's acceptance: Having been named as registered ween 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 on complywith 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. Registered agent's signature) 8. The name, little or capacity and address of the person(s) who hashave authority to manage is/are: BVREP IV Flagship Self Storage, LLC c/o Blue Vista Capital Management, LLC — ADMOY i Zci. PC/SON 333 North Clark Street, Suite 730. Chicago, IL 60654 Atto: Laurie Smith, Vice President Attached is a certificate of existence, no more than 90 days old, duly suthenticated by the official having custody of records in the utrisdiction under the law of which it is organized. After the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)	(If name unavailable, enter al	ternate name adopted for the purpose	of transacting business in Florida. The alternate n	ame must include "Limited
City (City) 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 desligations of all statutes relative to employing the provisions of all statutes relative to employing the provisions of all statutes relative to the process of my position as registered agent. Registered agent's acceptance: Having been named as registered ayent and to accept service of process for the above stated limited liability company at the place desligated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complying 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. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has have authority to manage is fare: BVREP IV Flagship Self Storage, LLC c/o Blue Vista Capital Management, LLC — Huthorized Records in the univisitient under the law of which it is organized. Hithe a crifficate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)	_ Delaware		3	
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353 North Clark Street, Suite 730, Chicago, IL 60654 (Street Address of Principal Office) (Mailing Address) (Name: NRAI Services, Inc. (Office Address: 1200 South Pine Island Road Plantation (City) (City) (City ode) (Registered agent's acceptance: (City) (City ode) (City) (City ode) (City official in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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. (City) (Registered agent's Signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: BVREP IV Flagship Self Storage, LLC c/o Blue Vista Capital Management, LLC — Authorized Person 353 North Clark Street, Suite 730, Chicago, IL 60654 Attn: Laurie Smith, Vice President (Attached is a certificate of existence, no more than 90 days old, duly suthenticated by the official having custody of records in the purisdiction 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)	4	(Date first transacted business	s in Florida, if prior to registration.)	
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Signature of an authorized person This document is avectually accordance with accion 605 0703/41 (b) Elevide Statutes I are given a that are following	jurisdiction under the law to of the translator must be se	of which it is organized. (If the cer ibmitted) Signature o	tificate is in a foreign language, a translation	of the certificate under oath
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. Te fee Stellan Typed or printed name of signee	i his document is executed submitted in a document to	the Department of State constitute Fe +ea	es a third degree felony as provided for in s.8 Stelian	my taise information 17.155, F.S.

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "FOWLER SS ASSOCIATES, 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-EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOWLER SS

ASSOCIATES, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER,

A.D. 2016.

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

2016 SEP 28 AH 8: 48

6161210 8300 SR# 20165976451 Authentication: 203072253

Date: 09-28-16