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From:

Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company STORESMART NAPLES, LLC

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COVER LETTER

	StoreSmart Naples,	LLC						
SUBJECT:	UBJECT:Name of Limited Liability Company							
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Please return	all correspondence	concerning this matter to the						
	Ruth A. Corde	s	,2:					
	Name of Person							
	DLA Piper LLP (US)							
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Ruth A. Cordes		312 at (_)	368-2151		رحيت	A		
,	Name o	f Contact Person	Area Code	Daytin	te Telephone Number			
Divi Regi P.O.	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tollahassee, FL 32301				
	check for the follow 125.00 Filing Fee	ing amount: \$130,00 Filing Fee & Certificate of Status	© \$155.00 Filing I Certified Copy		J \$160.00 Filing Foe, Certifica f Status & Certified Copy	ate		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

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: StoreSmart Naples, 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.") Delaware (FEI number, if applicable) Jurisdiction under the law of which foreign limited liability company is organized) upon qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 421 Boundary Lane Carbondale, Colorado 81623 (Street Address of Principal Office) same as above (Mailing Address) 7. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pinc Island Road Office Address: Plantation Florida 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 pace 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 duties, and I am familiar with and James M. Halpin accept the obligations of my position as registered agent. Assistant Secretary egytered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: HSRE-StoreSmart V, LLC, sole Member, 421 Boundary Lane, Carbondale, CO 81623 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)

HSRE STORESMAKE V, ELC., SPIR THE ST 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.

W. Bradford Sherman, Manager

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STORESMART NAPLES, 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 FIRST DAY OF MAY, A.D. 2017.

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

6397313 8300

SR# 20172942302

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

Authentication: 202463356

Date: 05-01-17