Florida Department of State

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Division of Corporations

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Foreign Limited Liability Company STORAGE PORTFOLIO II LLC

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Corporate Filing Menu

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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	CT: STORAGEPORTFOLIOHLLC	
	Name of Limited Liability Company	
The enc Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica ee, and check are submitted to register the above referenced foreign limited liability company to transact business in Flo	te of orida
Please r	return all correspondence concerning this matter to the following:	
	SuzieLindsey	
	Name of Person	
	ExtraSpaceStorage	
	Гінті Сытрану	
	2795E.CottonwoodPkwy,Suite400	
	Address	
	0.1.1.1.25.25.151.24121	
	Salt Lake City, UT 84121 City/State and Zip Code	
	slindsey@extraspace.com E-mail address; (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Davidl, Rasmussen at (801) 562-5556 Name of Contact Person Area Code Daytime Telephone Number	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314 STREET ADDRESS: Division of Corporations Registration Section Cliffon Building 2661 Executive Center Circle Tallahassee, Fl. 32301	
Enclo	osed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy S160.00 Filing Fee, 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 FOREIGRIMITEILIABILITYCOMPANYIOTRANSACTBUSINESYNTHESTATEOFFLORIDA: 1. STORAGEPORTFOLIOHLLC (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 most include "Limited Liability Company," "L.L.C," or "LLC.") 3. 82-3108107 2 Delaware (ITI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4 NotyettransactingbusinessinFlorida (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2795E.CottonwoodPkwy,Suite400 Salt Lake City, UT 84121 (Street Address of Principal Office) 2795E.CottonwoodPkwy.Suite400 Salt Lake City, UT 84121 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: David L. Rasmussen, Manager + 2795 E. Cottonwood Pkwy, Suite 400 Salt Lake City, UT 84121 Scott Stubbs, Manager - 2795 E. Cottonwood Pkwy, Suite 400 Salt Lake City, UT 84121 Gwyn G. McNeal, Manager - 2795 E. Cottonwood Pkwy, Suite 400 Salt Lake City, UT 84121 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signatureofanauthorizednerson (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated begain are true. I arm aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.) DavidL.Rasmussen Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

AGENT IN THE STATE OF FEORIDA.	
1. The name of the Limited Liability Company is:	
STORAGEPORTFOLIOHLLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office a	re:
CTCorporationSystem	<u></u>
(Name)	
1200SouthPineIslandRoad	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 33324	
Plantation FL 33324 City/State/Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I an accept the obligations of my position as registered agent as provided for in Chastanutes. Kristin	appoinment as th the provisions of al in familiar with and apter 605, Florida
By: CTCorporationSystem KWT-Bold Assistan (Signature)	t Secretary
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Age \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STORAGE PORTFOLIO II 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 TWENTIETH DAY OF OCTOBER, A.D. 2017.

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

6543509 8300

SR# 20176710451

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

Jacob by M. Bullinic v. Sacrettary of Stefa

Authentication: 203431968

Date: 10-20-17