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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #/)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(50	siness chity Name,	
(100	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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TO:	Registration Section Division of Corpora			
SUBJE	2.6371	anoe Creek, LLC		
			Limited Liability Company	
The end Existen	closed "Application by	Foreign Limited Liability Com nitted to register the above refer	pany for Authorization to Transact Busin enced foreign limited liability company t	less in Florida," Certificate of o transact business in Florida.
Please	return all corresponder	nce concerning this matter to the	following:	
	Wm. Ray M	Massey .		
		N	ame of Person	
	Smith, Mas	sey, Brodie, Guynn & Mayes, L	rc	
Firm/Company				
	210 Colony	Pkwy., SE		
			Address	
	Aiken, Sou	th Carolina 29803		
		City/S	tate and Zip Code	
	rmassey@sir	nbgm.com		
		E-mail address: (to be use	for future annual report notification)	<u></u>
For fur	ther information conce	rning this matter, please call:		
	Wm. Ray Massey		803 643-4110	
	Nai	ne of Contact Person	Area Code Daytime Teleph	ione Number
	MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 323	ions	STREET ADDRES Division of Corporat Registration Section Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle
Enclose	ed is a check for the fo \$125.00 Filing Fe			0 Filing Fee, Certificate & Certified Copy

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

17 19 20

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate i	name adopted for the purpose of transacting busines	ss in Florida. The alternate name must include "Limited	Liability Company," "L. L. C." or "LLC ")
South Carolina		; :22-489 5	7647
	hich foreign limited liability company is organized) (FEI's	umber, if applicable)
		`	
	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to	prior to registration)	
350 E. Crown Point R			ı
(Street Address of		6. 350 E. Crown Point Roa	
Suite 1080	•	Suite 1080	,
Winter Garden, Florida	a 34787q	Winter Garden, Florida 3	14787
· <u></u>			
lame and street addre	ss of Florida registered agent: (P.O	Roy NOT accomplish	PR 12
tarric and street addre.		. Box <u>NOT</u> acceptable)	35 5
Name:	Francis Richard Webster		V
Office Address:	350 E. Crown Point Road, Suite	1080	PH 3: 51 (UF STALL (E.F.LORI
Office Address.			ω
	Winter Garden	, Florida <u>34787</u>	<u></u>
stered agent's accep	(Cuy)	(Zip	code)
accept the obligation	ions of all statutes relative to the position as registered agen	roper and complete performance of m nt.	ly duties, and I am familiar v
accept the obligation	s of my position as registered agen	nt.	y duties, and I am familiar v
unply with the provis accept the obligation	s of my position as registered agen	roper and complete performance of m nl. agent's signature)	ect in this capacity. I further by duties, and I am familiar w
accept the obligation The name, title or cap	s of my position as registered agen	nt.	iy duties, and I am familiar w
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accept the obligation	(Registered agents) (Registered agents) (Registered acity and address of the person(s) w	agent's signature) who has/have authority to manage is/are Title or Capacity:	iy duties, and I am familiar w
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accept the obligation The name, title or caps Title or Capacity: Manager	(Registered agents) (Register	who has/have authority to manage is/are Title or Capacity:	y duties, and I am familiar v
The name, title or capacity: Manager	(Registered agents) (Register	who has/have authority to manage is/are Title or Capacity:	y duties, and I am familiar v
The name, title or caparity: Manager Manager de attachments if neces Attached is a certificate	(Registered agents of my position as registered agents acity and address of the person(s) water and Address: Francis Richard Webster 350 E. Crown Point Roa Ste 1080, Winter Garden (Ste 1080, Winter Garden) stary)	who has/have authority to manage is/are Title or Capacity: r id. i. FL s old, duly authenticated by the official	Name and Address: having custody of records in
The name, title or cap: Title or Capacity: Manager e attachments if neces ttached is a certificate diction under the law	Registered agent (Registered agent (Registered agent (Registered agent acity and address of the person(s) ware and Address: Francis Richard Webster 350 E. Crown Point Roa Ste 1080, Winter Garden (Ste 1080, Winter Garden agent) sary) of existence, no more than 90 days of which it is organized. (If the cert	agent's signature) who has/have authority to manage is/are Title or Capacity: r ad. i. FL	Name and Address: having custody of records in
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The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

STORAGE UNITS CANOE CREEK, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on September 26th, 2017, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 29th day of March, 2018.

Mark Hammond, Secretary of State