M1800000 4409

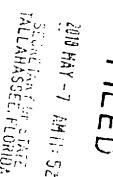
	<u> </u>	
(R€	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
	(0) (3) (0)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		İ
		ļ

Office Use Only



600313041106

05/07/18--01025--008 **125.00





May 4, 2018

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Stor-All NW 1st Court, LLC

Dear Sir or Madam:

Enclosed please find a cover letter, an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a Delaware Certificate of Good Standing and a check in the amount of \$125.00 for filing fees, all to qualify the above-referenced limited liability company in the State of Florida.

Very truly yours,

Dawn M. Oschmann

Corporate and Securities Paralegal

Public Storage

Enclosures

COVER LETTER

TO:	Registration Section Division of Corpora					
SUBJE	Stor-All NW 1st	Court, LLC				
50201	.e	Name o	of Limited Liability	Company		
The end Existen	closed "Application by ice, and check are subm	Foreign Limited Liability Contitted to register the above reference	mpany for Authoriza erenced foreign limi	ation to Tr ted liabili	ransact Business in Florida," Certifi by company to transact business in I	cate of Florida.
Please	return all corresponden	ce concerning this matter to th	ne following:			
	Dawn M. O	schmann				
			Name of Person			
	Public Store	ige				
			Firm/Company	-		
	701 Western	n Avenue				
			Address		 	
	Glendale, C	A 91201				
	-	City/	State and Zip Code			
	jbattle@publi	estorage.com				
.		E-mail address: (to be us	ed for future annual	report no	tification)	
ror furt	her information concer	ning this matter, please call:				
	Dawn M. Oschmann		818 at (244-80 _)		
	Nam	ne of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRES Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231-	ons		Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclose	d is a check for the foll \$125.00 Filing Fee		☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & 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 FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alterna	ite name adopted for the purpose of transacting business	in Florida. The alternate name raise inches	la "I instant I inhelia. Commun. "	" 1 C " " 1 C ")
Delaware	the familie adopted for the pulpose of transacting business	in Frongs. The atternate name trust includ	ie Limited Liability Company,	LLLC, OF LLC.)
-:	(which foreign limited liability company is organized)	3	(FEI number, if applicable)	
21/4			,,	
1. <u>N/A</u>	(Date first transacted business in Florida if n	nor to remetrative)		
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to c	letermine penalty liability)		
5. 701 Western Avenu	of Principal Office)	6. <u>701 Western Av</u>		
Glendale, CA 9120	•	Glendale, CA 9	(Mailing Address)	
0.0.000	·	Otendare, Or 7	1	
			<u> </u>	
			≥3	
. Name and street add	ress of Florida registered agent: (P.O.	Box NOT acceptable)	#X.X	· -<
Name:	C T Corporation System		SUS	- '- '-
O65 4 dd	1200 South Pine Island Road		<u> </u>	34 11
Office Address			<u> </u>	
	Plantation	, Florida	<u> 33324 절</u> 된	CII
Registered agent's acc	(City)		(Zip code)	
o comply with the prov	cation, I hereby accept the appointme visions of all statutes relative to the pro ons of my position as registered agent	oper and complete performation S		
o comply with the prov	visions of all statutes relative to the proons of my position as registered agent	ent as registered agent and agoper and complete performan	nce of my duties, and I tephanie Boehm,	
o comply with the prov and accept the obligati	visions of all statutes relative to the proons of my position as registered agent	ent as registered agent and agoper and complete performant State A	nce of my duties, and I tephanie Boehm, ssistant Secretary	
o comply with the prov and accept the obligati	visions of all statutes relative to the proons of my position as registered agent (Registered agent) apacity and address of the person(s) when	ent as registered agent and agoper and complete performant State A	nce of my duties, and I tephanie Boehm, ssistant Secretary	
o comply with the provined accept the obligation. 8. The name, title or continuous	visions of all statutes relative to the proons of my position as registered agent (Registered agent) apacity and address of the person(s) when the person is the person in the person	ent as registered agent and agent oper and complete performant Signature) Signature) The period of the performant operation is signature) The period of the performant operation is signature.	nce of my duties, and I tephanie Boehm, ssistant Secretary	am familiar with
o comply with the provined accept the obligation of the control of	(Registered a apacity and address of the person(s) who Name and Address: PS Florida One, Inc. 701 Western Avenue	ent as registered agent and agent oper and complete performant Signature) Signature) The period of the performant operation is signature) The period of the performant operation is signature.	nce of my duties, and I tephanie Boehm, ssistant Secretary	am familiar with
o comply with the provined accept the obligation of the control of	(Registered against and address of the person(s) when the person and address of the person(s) when the person and address: PS Florida One, Inc.	ent as registered agent and agent oper and complete performant Signature) Signature) The period of the performant operation is signature) The period of the performant operation is signature.	nce of my duties, and I tephanie Boehm, ssistant Secretary	am familiar with
o comply with the provind accept the obligations 8. The name, title or continued in the co	Registered and address of the person(s) who Name and Address: PS Florida One, Inc. 701 Western Avenue Glendale, CA 91201	ent as registered agent and agent oper and complete performant Signature) Signature) The period of the performant operation is signature) The period of the performant operation is signature.	nce of my duties, and I tephanie Boehm, ssistant Secretary	am familiar with
o comply with the provined accept the obligation of the control of	Registered and address of the person(s) who was a pacity and address of the person(s) who was a pacity and address of the person(s) who was a pacity and address: PS Florida One, Inc. 701 Western Avenue Glendale, CA 91201 SA 20th Street, LLC 1375 West Hillsboro Blvd	ent as registered agent and agent oper and complete performant St. A. St	nce of my duties, and I tephanie Boehm, ssistant Secretary	am familiar with
o comply with the provind accept the obligations 8. The name, title or continued in the co	Registered and address of the person(s) who Name and Address: PS Florida One, Inc. 701 Western Avenue Glendale, CA 91201	ent as registered agent and agent oper and complete performant St. A. St	nce of my duties, and I tephanie Boehm, ssistant Secretary	am familiar with
o comply with the provind accept the obligations 8. The name, title or continued in the co	r SA 20th Street, LLC 1375 West Hillsboro Blv. Deerfield Beach, FL 334	ent as registered agent and agent oper and complete performant St. A. St	nce of my duties, and I tephanie Boehm, ssistant Secretary	am familiar with
8. The name, title or continuous Managing Membe	r SA 20th Street, LLC 1375 West Hillsboro Blv. Deerfield Beach, FL 334 eessary)	ent as registered agent and agent oper and complete performant St. A. St. A. gent's signature) no has/have authority to mana. Title or Capacity:	tephanie Boehm, ssistant Secretary ge is/are: Name and	am familiar with
8. The name, title or continuous or Capacity: Managing Membe Managing Membe (Use attachments if necessity: Attached is a certification.)	Registered a apacity and address of the person(s) who Name and Address: PS Florida One, Inc. 701 Western Avenue Glendale, CA 91201 SA 20th Street, LLC 1375 West Hillsboro Blvd Deerfield Beach, FL 334 sessary) ate of existence, no more than 90 days.	ent as registered agent and agent oper and complete performant State And Adentify to mana Title or Capacity:	tephanie Boehm, ssistant Secretary ge is/are: Name and official having custody	d Address:
8. The name, title or continuous or Capacity: Managing Membe Managing Membe (Use attachments if necessity: Attached is a certification.)	r PS Florida One, Inc. PS Florida One, Inc. 701 Western Avenue Glendale, CA 91201 T SA 20th Street, LLC 1375 West Hillsboro Blvg Deerfield Beach, FL 334 ressary) ate of existence, no more than 90 days aw of which it is organized. (If the certi	ent as registered agent and agent oper and complete performant State And Adentify to mana Title or Capacity:	tephanie Boehm, ssistant Secretary ge is/are: Name and official having custody	d Address:
8. The name, title or continuously the obligation of the name, title or continuously the name of the name of the translator must be not compared to the translator must be not compared to the translator must be not compared to the name of the translator must be not compared to the name of the translator must be not compared to the name of the translator must be not compared to the name of the translator must be not compared to the name of the name	r PS Florida One, Inc. TO I Western Avenue Glendale, CA 91201 TSA 20th Street, LLC 1375 West Hillsboro Blve Deerfield Beach, FL 334 ressary) ate of existence, no more than 90 days as we of which it is organized. (If the certice submitted)	ent as registered agent and age oper and complete performance of the latest and complete perform	nce of my duties, and I tephanie Boehm, ssistant Secretary ge is/are: Name and the control of the central of	d Address:
8. The name, title or continuous title or Capacity: Managing Membe Managing Membe (Use attachments if necessary title or capacity: O. Attached is a certificative title or the translator must be of	Registered a apacity and address of the person(s) when a series and address of the person(s) when a series and address: PS Florida One, Inc. 701 Western Avenue Glendale, CA 91201 The SA 20th Street, LLC 1375 West Hillsboro Blv. Deerfield Beach, FL 334 Resessary) The series are the series and the series are submitted because of the person(s) when the person are series and address: PS Florida One, Inc. 701 Western Avenue Glendale, CA 91201 The series are the series and the series are submitted because of the person as a series are submitted because of the person and the person are series and the person are series and the person are series are submitted because of the person are series and the person are series and the person are series are series are series and the person are series are	ent as registered agent and age oper and complete performance of the latest and complete perform	tephanie Boehm, ssistant Secretary ge is/are: Name and official having custody, a translation of the certain and and and are and a translation of the certain and and a translation of the certain and and a translation of the certain and a translation and a trans	d Address: of records in the rtificate under oat
8. The name, title or continuous title or Capacity: Managing Membe Managing Membe (Use attachments if necessary title or capacity: O. Attached is a certificative title or the translator must be of	r PS Florida One, Inc. TO I Western Avenue Glendale, CA 91201 TSA 20th Street, LLC 1375 West Hillsboro Blve Deerfield Beach, FL 334 ressary) ate of existence, no more than 90 days as we of which it is organized. (If the certice submitted)	ent as registered agent and age oper and complete performance of the latest and complete perform	tephanie Boehm, ssistant Secretary ge is/are: Name and official having custody, a translation of the certain and and and are and a translation of the certain and and a translation of the certain and and a translation of the certain and a translation and a trans	d Address: of records in the rtificate under oat
8. The name, title or continuous title or Capacity: Managing Membe Managing Membe (Use attachments if necessary title or capacity: O. Attached is a certificative title or the translator must be of	r PS Florida One, Inc. PS Florida One, Inc. 701 Western Avenue Glendale, CA 91201 SA 20th Street, LLC 1375 West Hillsboro Blv. Deerfield Beach, FL 334 ressary) ate of existence, no more than 90 days aw of which it is organized. (If the certice submitted) recuted in accordance with section 605. It to the Department of State constitutes	ent as registered agent and age oper and complete performant State of Attended to the Attended	tephanie Boehm, ssistant Secretary ge is/are: Name and official having custody, a translation of the certain and and and are and a translation of the certain and and a translation of the certain and and a translation of the certain and a translation and a trans	d Address: of records in the rtificate under oat
8. The name, title or continuous title or Capacity: Managing Membe Managing Membe (Use attachments if necessary title or capacity: O. Attached is a certificative title or the translator must be of	r PS Florida One, Inc. PS Florida One, Inc. 701 Western Avenue Glendale, CA 91201 SA 20th Street, LLC 1375 West Hillsboro Blv. Deerfield Beach, FL 334 ressary) ate of existence, no more than 90 days aw of which it is organized. (If the certice submitted) recuted in accordance with section 605. It to the Department of State constitutes	ent as registered agent and age oper and complete performance of the latest and complete perform	tephanie Boehm, ssistant Secretary ge is/are: Name and official having custody, a translation of the certain and and and are and a translation of the certain and and a translation of the certain and and a translation of the certain and a translation and a trans	d Address: of records in the rtificate under oat

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "STOR-ALL NW 1ST COURT, 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 NINETEENTH DAY OF APRIL, A.D. 2018.

Authentication: 202539038

Date: 04-19-18