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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company 2016 JV MHC, LLC

Certificate of Status	0
Certified Copy	1
l'age Count	03
Estimated Charge	\$155.00

SEP 24 2018

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Help

To:

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESCEN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 2016 JV MHC, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L C," or "(LC") (If more unrealiable, order absence among adopted for the purpose of transacting business in Ficrids. The absence came more include "I mated Limbbilly Company," "L. C." or "110.") 2. Delaware (Juradation under the law of which torough innece fability manpany is organized) (FEI rumber, il applicable) (Date first transacted humans in Florida, (Eprilo) to registration.)
(See sections 005,0804 & 605,0805, F.S. to determine peralty liability) 5. 5200 DTC Parkway, Suite 200 6. 5200 DTC Parkway, Suite 200 (Street Address of Principal Office) (Mailing Address) Greenwood Village, CO 80111 Greenwood Village, CO 80111 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: ______, Florida 33324 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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. CT Corporation System Cardell Rankin, Asst. Secretary Cardell Cardell (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Member iStorage JV, LLC 5200 DTC Parkway, Suite 200 Greenwood VIg. CO 80111 (Use attachments if necessary) 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 outh of the translator must be submitted) 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S. Signature of an authorized person

Tamara D. Fischer
Typed or pristed mana of signal



Page 1

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

DELAWARE, DO HEREBY CERTIFY "2016 JV MHC, 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-FIRST DAY OF SEPTEMBER, A.D. 2018.

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



7029817 8300

SR# 20186776639
You may verify this certificate online at corp.delaware.gov/authver.shtml

J

Authentication: 203468748

Date: 09-21-18