## M18000009310

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N CULLIGAN

## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	SMK Rockhill Stor	age LLC			
ounci.		Name of	Limited Liability Com	pany	
				to Transact Business in Florida," Certificate liability company to transact business in Florid	
Please return	all correspondence	concerning this matter to the	following:		
	Mark Khuri				
		N	ame of Person	<del> </del>	
		F	irm/Company		
	4000 N Ocean				
			Address	<del></del>	
	Riviera Beach.	FL 33404			
		City/S	tate and Zip Code		
	mkhuri@smkcap	o.com			
		E-mail address: (to be used	d for future annual rep	ort notification)	
For further i	nformation concernin	g this matter, please call:			
Ma	ark Khuri		310 3 at ()	344-1970	
	Name o	of Contact Person	Area Code	Daytime Telephone Number	
Div Reg P.C	AILING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314		Dir Re Cli 260	CREET ADDRESS: vision of Corporations gistration Section lifton Building 61 Executive Center Circle Hahassee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount:  □ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filing For Certified Copy	ee & S160.00 Filing Fee. Certificate of Status & Certified Copy	



August 30, 2018

MARK KHURI 4000 N OCEAN DR, ET 2503 RIVIERA BEACH, FL 33404

SUBJECT: SMK ROCKHILL STORAGE LLC

Ref. Number: W18000078742

We have received your document for SMK ROCKHILL STORAGE LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 618A00018113

www.sunbiz.org

Dirit CO II DO DOVICEO MILL

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo	:1- M1		h.l.s. C	. " "! 1 / ` "		·- (
7 Delaware	ame adopted for the purpose of transacting dusiness in Fig.	32-0		юшу Сопрал	), 11(,	Of 1.1.C.	,
(Jurisdiction under the law of which foreign limited liability company is organized)		3. <u>52-0</u>	ber, if applicat	nle)			
4							
·	(Date first transacted business in Florida, st prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration )					
- 4000 N Ocean Dr. FT			9 S Hwy 97, #605		PG 1	2	
5. 4000 N Ocean Dr. ET	Trincipal Office)	6. <u></u>	(Mailing Add	lress)	<del>-6</del>	<del>=</del>	
Riviera Beach, FL 334	04	Bend	. OR 97702		<u> </u>	<u> </u>	
	<del></del>				ASS	<u>-</u>	1
7. Name and street address	ss of Florida registered agent: (P.O. Box	c <u>NOT</u> accept	able)		Y OF S	PM 2	ED
Name:	Suheil Khuri		_		082	2:5	
Office Address:	4000 N Ocean Dr. ET 2503				1211	-1	
	Riviera Beach	<del></del>	33404				
	(Cuy)		Florida <u>33404</u> (Zm coc	le)			
designated in this applica to comply with the provisi	gistered agent and to accept service of pation, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is registered a	gent and agree to act	in this ca	pacity. I	furthe	r agre
designated in this applica to comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is registered a r and complete	gent and agree to act	in this ca	pacity. I	furthe	r agre
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designated in this applica to comply with the provisi and accept the obligation	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is registered a rand complete	gent and agree to act e performance of my	in this ca duties, an	pacity. I	furtha amilia	r agre
designated in this applicate comply with the provise and accept the obligation.  8. The name, title or capa	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  Subside House (Registered agent's acity and address of the person(s) who have	is registered a rand complete	gent and agree to act e performance of my 	in this ca duties, an	pacity. I d I am fo	furtha amilia	r agre
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designated in this applicate comply with the provise and accept the obligation.  8. The name, title or capatitle or Capacity:  Mgr  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be site.)  10. This document is executed to comply with the complete the complet	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  Sulfail Registered agent's (Registered agent's acity and address of the person(s) who have a not a sum and Address:  Mark Khuri 61149 \$ Hwy 97  #605. Bend, OR 97703  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate	as/have author Title or  duly authentic te is in a foreig	gent and agree to act e performance of my ity to manage is/are: Capacity: cated by the official ha gn language, a translat ida Statutes. I am awai	Name  Name  aving custotion of the	and Add	dress:	n the
designated in this applicate comply with the provise and accept the obligation.  8. The name, title or capatitle or Capacity:  Mgr  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be site.)  10. This document is executed to comply with the complete the complet	sary)  rof existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)  sacing accordance with section 605.020. The Department of State constitutes a the constitutes at the constitutes a the constitutes a the constitutes a the constitutes at the constitutes a the constitutes a the constitutes at the constitutes a the constitutes at the constitutes a	as/have author Title or  duly authentic te is in a foreig	gent and agree to act e performance of my ity to manage is/are: Capacity: cated by the official ha gn language, a translat ida Statutes. I am awai ony as provided for in	Name  Name  aving custotion of the	and Add	dress:	n the

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SMK ROCKHILL STORAGE 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-SIXTH DAY OF SEPTEMBER, A.D. 2018.

Authentication: 203495815

Date: 09-26-18