

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190001709473)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 29 PM 4:37

FILED

****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
ESS-NYFL JV 1st Way Deerfield Beach LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Y SCOTT

MAY 30 2019

Electronic Filing Menu

Corporate Filing Menu

Help

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. _____
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

2	Introduces and/or the loss of which foreign bonded liability, constitutes a capital	3	of the number of employees
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Update first bank's interest in T-1000, if prior to receipt of first
then section 6013(d)(2)(B) & 6013(d)(2)(C) to determine jointly liability.

c/o Extra Space Management, Inc
5 _____
Contact Address of Principal Officer

2795 E. Cottonwood Parkway, #310

Salt Lake City, UT 84121

c/o Extra Space Management, Inc
 (Mailing Address)

2795 E. Cottonwood Parkway, #300

Salt Lake City, UT 84121

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name:	C T Corporation System
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Office Address: 1200 South Pine Island Road

Plantation, 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.

By Stephanie Henicz Stephanie Henicz
(Please print name and title)

17067, 3, 11, 2016 *Mathematics*, 4, 1000, 10 pages.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: **Name and Address:**

☐ Manager Name: ESS-NYFL Florida TRS LLC

☒ Member Address: c/o Extra Space Management,

☐ Authorized Inc., 2795 E. Cottonwood Parkway #300

Person Salt Lake City, UT 84121

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

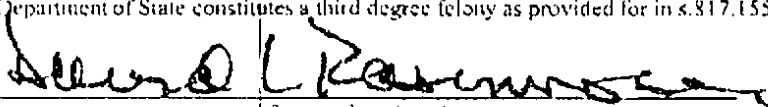
Person _____

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0207 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

David L. Rasmussen

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ESS-NYFL JV 1ST WAY DEERFIELD BEACH
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-EIGHTH DAY OF MAY, A.D. 2019.

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

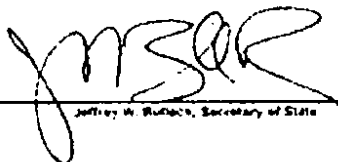
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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT



7435534 8300

SR# 20194686720

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202910312

Date: 05-28-19