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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Number : 120160000017

Account Name : CAPITOL SERVICES, INC.

Phone

: (855)498-5500

Fax Number

: (800)432-3622

\*\*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 THIRD LAKE RE SELF-STORAGE I GP, LLC

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Help MAY 3 1 2019

| البيها                        | * COVI  | ER LETTER  |  |
|-------------------------------|---|--|--|
|                               | zistration Section ision of Corporations  |  |  |
|                               | Third Lake RE Self-Storage LGP, LLC   |  |  |
| SUBJECT:                      | Name of Li  | mited Liability Company  |  |
| The enclosed<br>Existence, ar | d "Application by Foreign Limited Liability Compand check are submitted to register the above referen   | ny for Authorization to Transact Business in Florida," Certificate code foreign limited liability company to transact business in Florid | of<br>a.                               |
| Please return                 | all correspondence concerning this matter to the fo   | gniwolk:   |  |
|                               | Christina T, Rodriguez  |  |  |
|                               | Nan   | ne of Person   |  |
|                               | c/o Haynes and Boone, LLP   |  |  |
|                               | Firm  | n/Company  |  |
|                               | 2323 Victory Avenue, Suite 700  |  |  |
|                               |   | Address  |  |
|                               | Dullas, Texus 75219   |  |  |
|                               | City/Sta  | te and Zip Code  |  |
|                               | rforsythc@thirdlake.com   |  |  |
|                               | E-mail address: (to be used   | for future annual report notification)   |  |
| For further is                | nformation concerning this matter, please call:   | 79.  | 2 ::3                                  |
| Ro                            | bert Forsythe   | at () Payrigne Telephone Number  |  |
| _                             | Name of Contact Person  | Area Code Daytime Telephone Number   | . אין ר.                               |
| Div<br>Reg<br>P.C             | AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314  | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle                              | · ************************************ |
| Ple                           | closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTN \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of State | \$155,00 Filing Fee & S160,00 Filing Fee, Certific   | atc                                    |

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

| THE LAKE VE SCH-SC  | orage I GP, LLC  |   |  |   |
|---|--|---|--|---|
| (Name of Foreign  | Limited Liability Company; must include "Limit   | d Liability Compan                      | y," "LLC.," or "LLC.")   |   |
|   |  |   |  |   |
| (If name trouvailable, crace alternate n  | ome adopted for the purpose of transacting business in Fl  | orida. The alternate nam                | ic must include "Limited Liability Company," "L.L.C."  | or "LLC.")                              |
| Delaware  |  | ,                                       |  |   |
| 2. (Jurisdiction under the law of wh  | high foreign limited liability company is organized)   | J                                       | (FEI number, if applicable)  |   |
|   |  |   |  |   |
| 4   | (Date first transacted business in Florida, if prior to<br>(See sections 605 0904 & 605 0905, F.S. to descri-  | regutration.)<br>tion penalty bability) |  |   |
| 1600 E. 8th Avenue, S   |  | 1600 E                                  | . 8th Avenue, Suite A132   |   |
| 5. (Street Address of F   | racipal Office)  | 6                                       | (Mailing Address)  | <del></del>                             |
| Tampa, Florida 33605  |  | Титри                                   | Florida 33605  |   |
|   |  |   |  |   |
|   |  |   |  |   |
|   |  |   |  | 944 K.1                                 |
| 7. Name and street address  | ss of Florida registered agent; (P.O. Bo   | NOT acceptab                            | ole)   | 5.5                                     |
| <del></del>   | S of Fibrida registered agent, (* 19, 10   |   |  | <b>n</b> •••                            |
| <del></del>   |  |   |  | ••                                      |
| Name:   | Robert Forsythe  |   |  | · · · · · · · · · · · · · · · · · · ·   |
|   |  |   |  | 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|   | Robert Forsythe  |   |  | c ===10:42                              |
| Name:   | Robert Forsythe  |   | 33605<br>, Florida   | c :1113: 42                             |
| Name:   | Robert Forsythe 1600 E. 8th Avenue, Suite A132   |   | 33605  | 24 :01 v: 1                             |
| Name: Office Address:  Registered agent's accep   | Robert Forsythe  1600 E. 8th Avenue, Suite A132  Tampa  (City)   |   | 33605<br>, Florida <u>(Zip mde)</u>  |   |
| Name:  Office Address:  Registered agent's accep  | Robert Forsythe  1600 E. 8th Avenue, Suite A132  Tampa  (City)  stance:  rejstered agent and to accept service of  | process for the                         | 33605<br>, Florida<br>(Zip code)<br>above stated limited liability company   | at the place                            |
| Name:  Office Address:  Registered agent's acceptioning been named as redesignated in this applicate to comply with the provisi | Robert Forsythe  1600 E. 8th Avenue, Suite A132  Tampa  (City)  Stance:  St | process for the                         | 33605<br>, Florida<br>(Zip code)<br>above stated limited liability company<br>ent and agree to act in this capacity. I | at the place<br>I further agree         |
| Name: Office Address: Registered agent's acceptioning been named as redesignated in this applicate to comply with the provisi   | Tampa  (City)  Stance:  Significant and to accept service of the appointment   | process for the                         | 33605<br>, Florida<br>(Zip code)<br>above stated limited liability company<br>ent and agree to act in this capacity. I | at the place<br>I further agree         |
| Name:  Office Address:  Registered agent's acceptioning been named as redesignated in this applicate to comply with the provisi | Robert Forsythe  1600 E. 8th Avenue, Suite A132  Tampa  (City)  stance: egistered agent and to accept service of the propertions of all statutes relative to the properts of my position as registered agent.  | process for the                         | 33605<br>, Florida<br>(Zip code)<br>above stated limited liability company<br>ent and agree to act in this capacity. I | at the place<br>I further agree         |

| Title or Capacity:   | Name and Address:   | Title or Capacity:   | l'a                          | Name and Ad                                 | dress:                    |
|--|---|--|------------------------------|---|---------------------------|
| Manager  | Name: Robert Forsythe   | Manager  |                              | nneth P. Jones                              | Euita A112                |
| ☐Member  | Address: 1600 E. 8th Ave., Suite A132   | ☐ Member   | _                            | .600 E. 8th Ave., S                         |                           |
| Authorized   | Tampa, Florida 33605  | ☐ Authorized   | Tampa, Fl                    | orida 33605                                 |                           |
| Person   |   | Person   |                              |   |                           |
| Other  | Other   | Other  |                              | Other                                       |                           |
| Manager  | Name:   | ☐ Manager  | Name:                        |   |                           |
| Member   | Address:  | ☐ Member   | Address: _                   |   |                           |
| Authorized   |   | ☐ Authorized   |                              |   |                           |
| Person   |   | Person   |                              | <del></del> -                               |                           |
| Other  | Other   | Other  |                              | Other                                       |                           |
|  |   | ☐ Manager  | N'ame:                       | 111   | 7919                      |
| Manager  | Name:   | ☐ Manager  |                              |   | 54:                       |
| ☐Member  | Address:  | Member   | Address: _                   | <u> </u>                                    | (,)                       |
| Authorized   |   | Authorized   |                              |   |                           |
| Person   |   | Person Other   |                              | Other                                       | 10:12                     |
| Other  | Other   |  | <del></del>                  |   | 112                       |
| indexed individuals  | Isc an attachment to report more than six (6), may be added to the index when filing your I                             | Florida Department of State<br>                                      | Annual Re                    | port form.                                  |                           |
| <ol> <li>Attached is a cert<br/>jurisdiction under the<br/>of the translator mu</li> </ol> | ificate of existence, no more than 90 days old<br>ne law of which it is organized. (If the certific<br>st be submitted) | duly authenticated by the ate is in a foreign language.              | official hav<br>a translatio | ing custody of rece<br>n of the certificate | ords in the<br>under oath |
| 10. This document submitted in a docu  | is executed in accordance with section 605.02 ment to the Department of State constitutes a t                           | <br>03 (1) (b), Florida Statutes.<br>bird degree felony as provi<br> | I am aware<br>ded for in s.  | that any false infor<br>817.155, F.S.       | rmation.                  |
|  | /s/   | Robert Forsythe  |                              |   |                           |
|  | Signan  | er of an authorized person   |                              | - —   |                           |
|  |   | obert Forsythe   |                              |   |                           |
|  | 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 "THIRD LAKE RE SELF-STORAGE I GP, 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 THIRTIETH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THIRD LAKE RE SELF-STORAGE I GP, LLC" WAS FORMED ON THE THIRTIETH DAY OF WAY, A.D. 2019.

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

7443186 8300

SR# 20194910795

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

MSR

Authentication: 202926084

Date: 05-30-19