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115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 07/3	1/2019	
Name:	lerritt Walker	
Reference #:		
	COLONIAL STORAGE HOL	DINGS, LLC
✓ Articles of I	ncorporation/Authorization to Transact E	
Amendmen	t	2019: 3EC: TALL,
☐ Change of A	Agent	2019 JUL 31 PM 4: 31 SECKLIARY OF STATE TALLAHASSEE, FLORIDA
Reinstatem	ent	SEEL PI
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☐ Fictitious Na	ame	
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Authorized Amoun	t:\$125	
Signature:	um	

P: 800.221.0102

F: 800.944.6607

COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJI	Colonial Storage Holdings, LLC	
	Name of Limited Liability Company	
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	of ida.
Please	return all correspondence concerning this matter to the following:	
	Kimberly Siclari	
	Name of Person	
	Devon Self Storage Holdings (US) LLC	·1
	Firm/Company	!
	2000 Dowell Street Suite 1010	7
	Address Fig. 3) Att. Fig. 3) Att. Fig. 3) Att. Address Fig. 3) Att. Address Address Address	フ
	Emeryville, CA 94608	
	City/State and Zip Code	
	ksiclari@devonselfstorage.com	
	E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	Kimberly Siclari at (510) 450-9207	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status Certified Copy of Status & Certified Copy	rate

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

	Colonial Storag	a Haldinge	. 110	
(Name of Foreign Limited Lia	ability Company; must include "Lir	nited Liability Coin	pany, ""L.L.C.," or "L.L.C.,")	
•		•		
una mana adalda anta ala mata a	f	13 1 33 1	name must include "Limited Liability Company.""	
		i rionus. The alternate	name must include "Limited Liability Company,""	L.L.C," or "LLC.
Delaw		3.		
(Junsdiction under the law of which foreign lir	muted liability company is organized)		(FEI number, if applicable)	
	7 20 2040	0		
(D.), 6	7.30.2019	_		
(See see	irst transacted business in Florida, if prio ections 605,0904 & 605,0905, F.S. to det	ermine penalty liability	ALL	201:
2000 Powell Street,	Suite 1240	_ 20	00 Powell Street, Suite	e #240~
(Street Address of Principal Office		6	(Mailing Address) (2)	
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	94000	r	Emeryville, CA#946	bub 📇
Emeryville, CA			= · · · · · · · · · · · · · · · · · · ·	
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Emeryville, CA			FLORIDA	±: 3
Name and street address of Floric		_	FLORIDA	±: 3
		_	FLORIDA	
Name and <u>street address</u> of Floric	da registered agent: (P.O. B	ox <u>NOT</u> accept	FLORIDA (able)	÷: 3
Name and <u>street address</u> of Floric		ox <u>NOT</u> accept	FLORIDA (able)	±: ω
Name and <u>street address</u> of Floric Name: <u>CO</u>	da registered agent: (P.O. B	ox <u>NOT</u> accept	FLORIDA (able)	±: 3
Name and <u>street address</u> of Floric Name: <u>CO</u>	da registered agent: (P.O. B	ox <u>NOT</u> accept	FLORIDA (able)	±; ω
Name and <u>street address</u> of Floric Name: <u>CO</u>	da registered agent: (P.O. B	BAL INC	FLORIDA (able)	±:3

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.

Menett Walker, ASSt. Decretary
(Registered agent's signature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Kimberly Siclari Devon/Orlando, LLC Manager ⊠Manager 2000 Powell Street, Suite 1240 2000 Powell Street, Suite 1240 Member Member Address: Emeryville, CA 94608 Emeryville, EA 94608 X Authorized Authorized Person Person Other _____ Other_ Other Manager Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other___ Other_ Other____ Other_ Manager Manager Name: __ ☐Member Address: _____ Member Address: Authorized Authorized Person Person Other__ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 605.0203 (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 \$.817.155, F.S.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COLONIAL STORAGE HOLDINGS, 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 JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLONIAL STORAGE HOLDINGS, LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2019.

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

L31 PH 4:31

Authentication: 203297672

Date: 07-26-19

7499249 8300 SR# 20196186826