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DATE: 06/05/2024

NAME: OTTER STORAGE LLC

TYPE OF FILING: REINSTATEMENT

COST: 377.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2024 JUN -5 PM 4:08

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M20000010275

1. Limited Liability Company's Name

Otter Storage, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
400 3 Ave SW	75 Commerce Dr. #7070
Suite, Apt. #, etc.: 3450	Suite, Apt. #, etc.:
City & State: Calgary, AB	City & State: Grayslake, IL
Zip: T2P 4H2 / Country: Canada	Zip: 60030 / Country: USA

4. State/Country of Formation: Delaware, USA

5. Date Organized or Qualified To Do Business In Florida: 11/12/2020

6. FEI Number: 83-3189404 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable) Suite: 155 Office Plaza Drive

Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Jody Moua, Assistant Secretary — Date: 6/4/2024
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR-Member	Will Matthews	715 5th Ave SW, STE 1700	Calgary, AB T2P 2X6, CANADA

11. E-mail Address: osmnotices@otterstorage.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that 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 authorized representative/member: T Wilson — Date: 4/22/24 — Daytime Phone #: 224 501 3994

Typed or printed name of signing authorized representative/member: Will Matthews

JUN -5 2024

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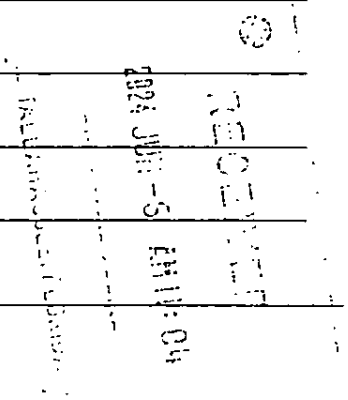

1. SYCAMORE VIERA TOWN CENTER, LLP
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SPECIAL INSTRUCTIONS: _____