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DATE: 1/7/2021

NAME: CEDM TAMARAC SELF STORAGE, LLC

TYPE OF FILING: APPLICATION

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#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	CEDM Tamarac Self Storage, LLC					
		ne of Limited Liability Company				
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning this matter to	to the following:				
	A. Tyler Colpini					
		Name of Person				
	CEDM Tamarac Self Storage, LLC					
	·	Firm/Company				
	4408 Forest Drive, Suite 350					
	Address					
	Columbia, SC 29206					
	City/State and Zip Code					
	tcolpini@taylortheus.com					
	E-mail address: (to b	e used for future annual report notification)				
For fu	rther information concerning this matter, please ca	dl:				
	John Langford	803 540774! at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section				
		Division of Corporations The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEI  S125.00 Filing Fee \$\square\$\$\$\$\$ \$130.00 Filing Fee  Certificate	te &  S155.00 Filing Fee &  S160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in F	orida. The alternate	name must include "Limited Lial	bility Company," "L.L.C." o	r "LLC,")	
South Carolina						
(hurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)				
	(Date first transacted husiness in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)		<del></del>		
4408 Forest Drive, Sui	te 350	4408	Forest Drive, Suite 350	1		
treet Address of Principal Office)		O	Mailing Address)			
Columbia, SC 29206		Colun	nbia, SC 29206			
-		<del></del>			<del>_</del>	
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accepto	ible)	2021 JA		
. Name and street address  Name:	es of Florida registered agent: (P.O. Box  Paracorp Incorporated	NOT accepto	uble)	2021 JAH - 7		
		NOT accepto	uble) -	2021 JAH - 7 PH 2:	TILEO TILEO	
Name:	Paracorp Incorporated  155 Office Plaza Drive, 1st Floor  Tallahassee		32301 , Florida	2021 JAH - 7 PH 2: 25	TIETO TIETO	
Name:	Paracorp Incorporated  155 Office Plaza Drive, 1st Floor		32301	. ~	TILEO TILEO	

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: A. Tyler Colpini	■Manager	Name: David M. Ellison
□Member	Address: 4408 Forest Drive, Suite 350	□Member	Address: 4408 Forest Drive, Suite 350
□Authorized	Columbia, SC 29206	□Authorized	Columbia, SC 29206
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□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 605.0203 (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 s.817.155, F.S.

~ 78Ceb					
Signature of an authorized person					
	6666	0.100			

A. Tyler Colpini, President of CEDM Tamarac Self Storage, LLC

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 01/07/2021

ENTITY NAME: CEDM Tamarac Self Storage, LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

# The State of South Carolina



# Office of Secretary of State Mark Hammond

#### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

CEDM Tamarac Self Storage, LLC, a limited liability company duly organized under the laws of the State of South Carolina on December 30th, 2020, with a duration that is until December 31st, 2055, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 7th day of January, 2021

Mark Hammond Secretary of State