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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338

Fax Number : (954)208-0845

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 AGAP Milton Lori Lane LLC

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Help

4015

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To: 18506176383

From: Ranae McGraw

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

IN COMPLIANCE WITH SECTION (05.0002. FLORIDA STATUTE), THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. AGAP Milton Lori Lan	ie LLC Limited Liability Company; must include "Limited	d Liability Company	"LLC," or "LLC")		
(li name unavarlable, enter altamate n	aine adopted for the purpose of fransacting business in Fl	londa. Et e gliemate naio	e most include "Lainted Fixlobi	ty Company, TML L.C. For MEECT (
Delaware 2. Journalistion under the law of w	hich foreign limited liability company is organized)	3	(! El number, 16	(applicable)	
·					
4	(Date hest manual ted business of Portida of prior to obec sections 665 (904 & COS 0905, F.S. to determ	rngistration)		or Manage	
245 Park Avenue, 26th			Avenue, 26th Floor		
5. (Street Address of Principal Office)		6	ng Address		
New York, NY 10167		New Yor	k, NY 10157	7 29	
- <u>-</u>	 		- H-W	2021 HAY	-17
				25 ()	
7. Name and street addres	is of Florida registered agent (P.O. Box	NOT acceptable	•)	5 PH	ח
Name:	C T Corporation System			PH 4: 36	٧.
Office Address	1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·			
Office (Todios)	Plantation		33324 Florida		
	(City)	· · '	(Aproide)		

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.	Mudelle	Helling	Meredith Hellwig, Assistant Secretary
		(Registered agent	s signature)

To: 18506176383

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 Capacit	<u>V1</u>	Name and Address:
□Manager	Name: AGAP X Storage Parent II LLC	□ Manager	Name	
⊠Member	Address: 245 Park Avenue, 26th Ft	□ Member	Address:	
□Authorized	New York, NY 10167	□Authorized		
Person		Person		
□Othei		Other		_]Other
∐Manager	Name:	□Manager	Name	强型
□Member	Address:	_Member	Address:	751
□Authorized		Authorized		SEE P
Person		Person		-
□Other	DOther	Other		□Other S
	.	Manager	Nome	
□Manager	Name:	wanager	Name	
□Member	Address:	□Member	Address:	
□Authorized		Z Authorized		
Person		Person		
Dither	□Other	_Other		

Important Notice. Use an attachment to report more than six (b). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when fifing 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.

W/L	
	Stenatore of an authorized possess
Nader Paktar, Authorized P	erson
	Typed or printed name of signer

Delaware The First State

Page 1

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

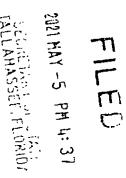
DELAWARE, DO HEREBY CERTIFY "AGAP MILTON LORI LANE LLC" IS DULY

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 FIFTH DAY OF MAY, A.D. 2021.

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





Authentication: 203128808

Date: 05-05-21

5891800 8300 SR# 20211597968

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