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To:

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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 Storage Cap Operations, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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

IN COMPLIANCE WITH NECTION 608 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Storage Cap Operations, LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L. L. C.," or "L.L.") (If name unavailable, error abernate name adopted for the purpose of transacting bisances in Florida. The abernate name must include "Limited Liability Company," "L.L.C." or "LLC.") 86-3907205 Nevada (Jurnaliction under the law of which loreign limited liability company is organized) (FEI number, il applicable) July 1, 2021 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. so determine pensity liability). 330 E. Crown Point Road 330 E. Crown Point Road (Mailing Address) (Street Address of Principal Office) Winter Garden, FL 34787 Winter Garden, FL 34787 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway 1 Office Address:

Registered agent's acceptance:

North Palm Beach

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.

(Cay)

Florida

/s/ Caitlin Lazarus	Caitlin Lazarus, Special Secretary				
(Registered agent's signature)					

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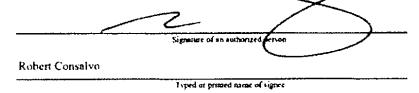
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Canacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Christopher Harris	Manager	Name: Robert Consalvo
∐Member	Address: 330 E. Crown Point Road	□Member	Address: 330 E. Crown Point Road
□Authorized	Winter Garden, FL 34787	☐ Authorized	Winter Garden, FL 34787
Person		Person	
Other	Other	Other	Other
□Manager	Name:	ШМапаgет	Name:
□Member	Address:	□Member	Address:
□Anthorized		□Authorized	
Person		Person	
COther	[]Other	Other	Other
□Manager	Name:	ШМапаgет	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□ Other	Other	□ Other □

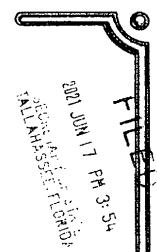
Important Notice: Use an attachment to report more than six (6), The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.



SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Storage Cap Operations, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/17/2021, and is in good standing in this state.



Certificate Number: B202106151755908

You may verify this certificate online at http://www.nysos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/15/2021.

Barbara K. Cegavske BARBARA K. CEGAVSKE Secretary of State