

M21000007983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

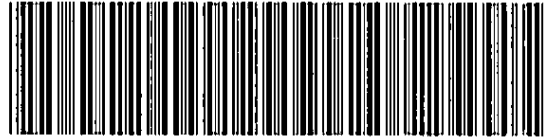
(Document Number)

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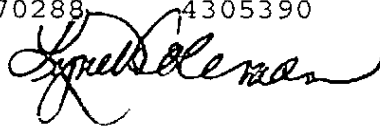


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2021 JUN 18 PM 1:52
RECEIVED
2021 JUN 18 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 21 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 870288 4305390
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : June 18, 2021
ORDER TIME : 9:29 AM
ORDER NO. : 870288-015
CUSTOMER NO: 4305390

FOREIGN FILINGS

NAME: PRIME STORAGE APOPKA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Prime Storage Apopka, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 85 Railroad Place
(Street Address of Principal Office)
Saratoga Springs, NY 12868

6. 85 Railroad Place
(Mailing Address)
Saratoga Springs, NY 12868

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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AFFIDAVIT
FILED

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: Shiranda E. Plummer
(Registered agent's signature) Shiranda E. Plummer, Assistant Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage the entity.

Title or Capacity: **Manager**
Name and Address:
Name: Prime Storage Fund III GP, LLC
Address: 85 Railroad Place
 Saratoga Springs, NY 12866
 Member
 Authorized Person
 Other _____ **Other** _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized Person
 Other _____ **Other** _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized Person
 Other _____ **Other** _____

Title or Capacity: **Manager**
Name and Address:
Name: Prime Storage Fund III SPV I, LLC
Address: 85 Railroad Place
 Saratoga Springs, NY 12866
 Member
 Authorized Person
 Other _____ **Other** _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized Person
 Other _____ **Other** _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized Person
 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.

 Signature of an authorized person
 Robert J. Moser

 Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIME STORAGE APOPKA, 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 EIGHTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIME STORAGE APOPKA, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

6006042 8300

SR# 20212488360

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

Authentication: 203480274

Date: 06-18-21