Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001041993)))



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Division of Corporations Fax Number : (850)617-6383 From: Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500	To:				至.
From: Account Name : CAPITOL SERVICES, INC.		Division of Co	rporations		منت
Account Name : CAPITOL SERVICES, INC.		Fax Number	: (850)617-6383		· · · · · ·
Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500	From:				ي المرابعة المرابع المرابعة
Account Number : I20160000017 Phone : (855)498-5500		Account Name	: CAPITOL SERVICES,	INC.	1 10
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		Phone	: (855)498-55 0 0		~ ~
Fax Number : (800)432-3622		Fax Number	: (800)432-3622		2022 HAR
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Foreign Limited Liability Company THIRD LAKE RE SELF-STORAGE II GP, LLC

***FILE FIRST, before H22000104202

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

***FILE FIRST, before H22000104202

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S. HAWKES

H22000104199

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Third Lake RE Self-Storage II GP, LLC		
oc barc	Name	of Limited Liability Co	ompany
The enclo	osed "Application by Foreign Limited Liability C , and check are submitted to register the above re	ompany for Authorizat eferenced foreign limite	tion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida
Please ret	turn all correspondence concerning this matter to	the following:	
	Christina T. Rodriguez		
		Name of Person	
	c/o Haynes and Boone, LLP		
	Firm/Company		
	2323 Victory Avenue, Suite 700		
		Address	
	Dallas, Texas 75219		
	Cir	ty/State and Zip Code	
	rforsythe@thirdlakc.com		
	E-mail address: (to be	used for future annual	report notification)
For furthe	er information concerning this matter, please call	:	
	Robert Forsythe	813 at (497.8100
•	Name of Contact Person	Area Code	Daytime Telephone Number
	Malling Address: Registration Section	Street Address: Registration Se	ection
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of	
•	Tallahassee, FL 32314	2415 N. Monro Tallahassee, F.	ne Street, Suite 810 L 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP. \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🖹 \$155,00 Fili	FE ing Fee & S160.00 Filing Fee, Certificate ad Copy of Status & Certified Copy

H22000104199

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

Third Lake RE Self-Sto	таge II GP, LLC			
(Name of Foreign	Company; must include "Lamited I	Liability Company," "L.L.C.," or "LLC.")		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	ids. The alternate name must include "Limited Liability C	Company," "L.L.C." or "Li	LC.")
Delaware		Unavailable at this time		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if app	plicable)	
J	(Date first transacted business in Florida, if prior to re (See sections 6)5.0904 & 605.0905, F.S. to determine	gistration.)		
	·			
1600 E. 8th Avenue, \$		6. (Mailing Address)	A	
Street Address of Principal Office)		(Mailing Address)		
Tampa, Florida 33605		Tampa, Florida 33605	21	
		<u> </u>	===	ا ا
				أحما
			74 15 44 44 14 14	
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	rri =	
Name:	Robert Forsythe			
Office Address:	1600 E. 8th Avenue, Suite A132-A			
·	Tampa	33605 , Florida		
	(City)	(Zip code)		
designated in this applica to comply with the provis	tance: egistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper o s of my position as registered agent.	registered agent and agree to act in this	s capacity. I furth	er agr
	/s/ Robert Fo		-	
	(Registered agent's ri	grature)		

H22000104199

8.	For initial indexing purposes, list names, title or capacity and addresses of the prin	iary members/managers or per	sons authorized to
ma	nanage [up to six (6) total]:		

Fitle or Capacity:	Name and Address:	Title or Capacity:	
■Manager	Name: Robert Forsythe	■Manager	Name: Kenneth P. Jones
□Member	Address: 1600 E. 8th Avenue	□Member	Address: 1600 E. 8th Avenue
□Authorized	Suite A132-A	□Authorized	Suite A132-A
Person	Tampa, Florida 33605	Person	Tampa, Florida 33605
Other	□ Other	Other	Other
∏Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
∐Manager	Name:	□Manager	Name:
□Mcmber	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□ Other	Other	

- 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.

/s/ ROBERT FOI	
Robert For	rsythe H22000104199
Typed or printed name	ic of signee

Delaware The First State

H22000104199

Page 1

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

DELAWARE, DO HEREBY CERTIFY "THIRD LAKE RE SELF-STORAGE II GP, 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 MARCE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THIRD LAKE RE SELF-STORAGE II GP, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2022.

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

Authentication: 202948813

Date: 03-18-22