## M22000004496

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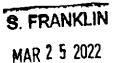
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-- 150 -- 150



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 566958 8316145

AUTHORIZATION :

COST LIMIT : \$ 125.0

ORDER DATE: March 22, 2022

ORDER TIME : 9:50 PM

ORDER NO. : 566958-010

CUSTOMER NO: 8316145

FOREIGN FILINGS

NAME: BCORE STORAGE LUTHER FOWLER

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#

EXAMINER:

## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		mited Liability Company		
	d "Application by Foreign Limited Liability Compa	any for Authorization to Transact Business in Florida," (aced foreign limited liability company to transact business		
Please return	all correspondence concerning this matter to the fo	ollowing:		
	Nan	ne of Person		
Firm/Company				
Address		Address		
City/State and Zip Code				5 J
	E-mail address: (to be used f	for future annual report notification)	2022 MAR 24	. 447 EFF
For further i	nformation concerning this matter, please call:	;	r bil r: 28	and a
	Name of Contact Person	at ()	5	
Re Di P.0	gistration Section Facilities Section Facilities Section Facilities Facilitie	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTM \$125.00 Filing Fee  \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Statu}	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, C		

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BCORE Storage Luti					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability C	Company," "L.L.C.," or "LLC.")		<del></del> _
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida The alt	ernate name must include "Limited Lia	bility Company,""L.L.C.	" or "L.L.C.")
Delaware 2.		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<u>-</u>	(FEI numbe	r, if applicable)	<del></del>
Upon filing					
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	egistration ) ne penalty lia	bility)		
233 S. Wacker Drive	e, Suite 4700		33 S. Wacker Drive, Suit		
5. (Street Address of Principal Office)		о	(Mailing Address)		
Chicago, IL 60606		C	Chicago, IL 60606		
				-	
		_			3
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	ceptable)		7020 HAR 24
				1	2
Name:	Corporation Service Company				PH
Office Address:	1201 Hays Street				PM 4: 58
	Tallahassee		32301 , Florida		
	(City)	-	(Zip code)		
designated in this applica to comply with the provisi	gistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  Corporation Service Company	registere	ed agent and agree to act in plete performance of my du	n this capacity. I f	further agr

(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: BCORE Royal Storage	□Manager	Name: A.J. Agarwal
■Member	Address: Portfolio II LLC	□Member	Address: 345 Park Avenue
□Authorized	233 S. Wacker Drive, Suite 4700	■Authorized	New York, NY 10154
Person	Chicago, IL 60606	Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name: Frank Cohen
□Member	Address: 345 Park Avenue	□Member	Address: 345 Park Avenue
■Authorized	New York, NY 10154	<b>■</b> Authorized	New York, NY 10154
Person		Person	
Other	Other	□Other	Other
□Manager	Name: Giovanni Cutaia	□Manager	Name: Robert Harper
□Member	Address: 345 Park Avenue	□Member	Address: 345 Park Avenue
■Authorized	New York, NY 10154	■Authorized	New York, NY 10154
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.

And In	<i>c</i> . ,	
	Signature of an authorized person	
Anna Stokes		
	Typed or printed name of signee	

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BCORE STORAGE LUTHER FOWLER 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 TWENTY-THIRD DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BCORE STORAGE LUTHER FOWLER LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH,

A.D. 2022.

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

2022 HAR 24 PH 4: 58

Jeffrey W. Bullock, Secretary of Sta

6689822 8300 SR# 20221133109

Authentication: 202990691

Date: 03-23-22