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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/23/2022		
Name:	Merritt Wa	ilker	
	#:1691		
	ne:		S HW, LLC
⊘ Artio	cles of Incorporation	n/Authorization to T	ransact Business
Ame	endment		
☐ Cha	ange of Agent		
Rei	nstatement		
☐ Con	iversion		
☐ Mer	ger		
☐ Diss	solution/Withdrawal		
☐ Fict	itious Name		
✓ Oth	er C	ERTIFIED COPY O	THE FILING EVIDENCE
Authorized	Amount:	\$155	_
Signature:		un	_

COVER LETTER

TO:	Registration Section Division of Corporati	ons					
SUBJ:	F <i>C</i> T·	OSI 1	0280 U	S HW, LLC			
, O DO.		Nam	e of Limi	ted Liability Con	npany		
The en	nclosed "Application by F nce, and check are submit	oreign Limited Liability (ted to register the above r	Company eference:	for Authorization d foreign limited	n to Transac Iiability con	et Business in Florida," mpany to transact busin	Certificate of less in Florida.
Please	return all correspondence	concerning this matter to	the folio	owing:			
			Mark	Focella			
			Name	of Person			
		CRE-OSI O		Storage Holo	ico, LLC		
			Firm/C	Company			
		309 East Pa		erry Rd NE, S	Suite 59		
			Ad	ldress			
				GA 30305			
				and Zip Code			
		E-mail address: (to be	_	ourstorage.co		tion)	
For fur	ther information concerni	ng this matter, please call	:				
	Mai	rk Focella	at	, 202	3	90-2811	
	Name	of Contact Person	'''	Area Code	Daytime	Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Di Re Cli 26	Vision of Consistent April vision of Consistention Solition Building 61 Executive Illahassee, F.	orporations ection ng e Center Circle	
	Enclosed is a check for Please make check paya	the following amount: ble to: FLORIDA DEPA	ARTME!	NT OF STATE			
	☐ \$125.00 Filing Fee	S130.00 Filing F Certificate of	ee &	S155.00 Fili Certified C	-	\$160.00 Filing F of Status & Certi	

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

navailable, enter alternate name	nited Liability Company; must include "Limited adopted for the purpose of transacting business in Florelaware claware foreign limited liability company is organized)				ompany," "L L C	'" or "11	
De	elaware	rida The alter	nate name must include	"Limited Liability Co	ompany," "L L C	' ' or '' 1	
De	elaware	rida The alter	nate name must include	"Limited Liability Co	отрану," "L L C	" or "1 1	
		3				., UL LJ.	
diction under the law of which	foreign limited liability company is organized)	ے					
			(FEI mumber, if applicable)				
	(Date first transacted business in Florida, if prior to r	registration)		<u>.</u>	-		
309 East Paces	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine Ferry Road NE	ne penalty hal		Paces Ferry	v Road N	JF	
(Succe Address of Princ	•	6		(Mailing Address)			
Suite 59 Atlanta, GA 30305			Suite 59 Atlanta, GA 30305				
e and <u>street address</u> o	of Florida registered agent: (P.O. Box	NOT acc	eptable)				
Name:	COGENCY GLOBAL II	NC.			51-1	2822 MAY	
Office Address:	115 North Calhoun St. Suite 4				11.7 2.7 10.7	23 PH	
	Tallahassee		, Florida	32301	- ئىش -		
	(City)		, riorda	(Zip code)	- 1	32	
ted in this application ly with the provisions	ace: tered agent and to accept service of poor, I, I hereby accept the appointment as Is of all statutes relative to the proper of Imy position as registered agent.	registere	d agent and agi	ee to act in thi	s capacity.	I furth	

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Andrew T. Smith Mark Focella Manager Name: Manager Name: _ 309 East Paces Ferry 309 East Paces Ferry Address: Member Address: _ Member Road NE, Suite 59 Road NE, Suite 59 X Authorized | Authorized Atlanta, GA 30305 Atlanta, GA 30305 Person Person Other______ Other_ Other_ Other___ Manager Manager Address: Member Address: Member Authorized Authorized Person Person Other____ Other _Other_ Other___ __Manager Name: __ Manager Name: Member Address: Member 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. Nonindexed 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. Mark Focella Signature of an authorized person Mark Focella

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OSI 10280 US HW, 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 MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OSI 10280 US HW, LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2022.

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

Authentication: 203494072

Date: 05-23-22

6655347 8300 SR# 20222210213