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COVER LETTER

	ration Section on of Corporations				
P: SUBJECT:	SA Beach, LLC				
Sobster	Name	of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida			
Please return al	correspondence concerning this matter to	the following:			
	Corey Bray				
		Name of Person			
	LegalNature LLC	مدين مدين			
Firm/Company					
	8 The Green Suite 4336				
Address					
	Dover, DE 19901				
	Ci	ty/State and Zip Code			
	Lindsay@teclawoffices.com				
	E-mail address: (to be	used for future annual report notification)			
For further info	rmation concerning this matter, please call	I:			
Corey Bray		888 881-1139 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
_	ion of Corporations	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
Please	sed is a check for the following amount: make check payable to: FLORIDA DEP. 25.00 Filing Fee	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATISTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

L. PSA Beach, LLC	Limited Liability Company; must include "Limite	d Lubility Commo	and the second second			
(Name of Foreign	стинец савину с отрану, так тепоое запис	в главниу с опфа	ny, talact, of tale.			
(II name unavailable, enter alternate n	same adopted for the purpose of transacting business in f	lorida. The alternate i	name must include "I imited I sability	Company,	"LLC "or"l#C	
Texas		3				
Gurisdiction under the law of w	hich foreign limited liability company is organized)	-/ <u></u> .	(Flil number, if applicable)			
4						
·	(Date first transacted business in Florida, if prior to (See sections 605 0004 & 605 0005, F.S. to determ	registration ine penalty liability)		_		
705 W Wadley Avenue	e Suite 220		/ Wadley Avenue Suite 2.	20 5 -	-2	
Street Address of Principal Office)		···	Hailing Address)	<u> </u>	2022	
Midland, TX 79705		Midla	nd, TX 79705	To be	J. J. J.	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I 9 P	
				<u> </u>	3	
7. Name and street address	s of Florida registered agent: (P.O. Box	. <u>NOT</u> accepta	ble)	LOR	<u>ယ</u> ့ ဝ	
				<u> </u>	9	
Name;	Olga Burillo	 				
	9710 Stirling Road Suite 107					
Office Address:						
	Cooper City		3302+ , Florida			
	tCuy)		(Zip code)			

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.

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: Olga Burillo □Manager Name: Name: ____ □Manager 705 W Wadley Avenue ■ Member □Member Address: Suite 220 □ Authorized □ Authorized Midland, TX 79705 Person Person Other_ □Other_____ □Other = □Other____ Name _____ □ Manager Name: _____ □ Manager □ Member Address: ____ ☐Member Address: □ Authorized □ Authorized Person Person □Other____ □Other____ □Other_____ □Other____ Name: ■ Manager Name: Address: ☐ Member □ Member Address: **D**Authorized □ Authorized Person Person □Other_____ □Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Notiindexed 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. mmature of an authorized person Olga Burillo

Typed or printed name of signer

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



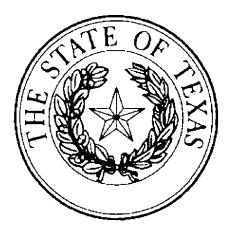
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PSA Beach, LLC (file number 804338341), a Domestic Limited Liability Company (LLC), was filed in this office on December 01, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 20, 2022.



Phone: (512) 463-5555

Prepared by, SOS-WEB

John B. Scott Secretary of State

TID: 10264

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 1150408530003