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KING SS ASSOCIATES, LLC

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COVER LETTER

TO:	Registra Division		tion orations
SUBJE		g SS As	ociates, LLC
		•	Name of Limited Liability Company
			by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ubmitted to register the above referenced foreign limited liability company to transact business in Florida.
Please re	eturn all c	orrespor	dence concerning this matter to the following:
		James S	trezewski
		-	Name of Person
		c/o Blu	e Vista Capital Management, LLC
			Firm/Company
353 No			rth Clark Street, Suite 730
			Address
		Chicago	o, Illinois 60654
	•		City/State and Zip Code
	· 		E-mail address: (to be used for future annual report notification)
For furth	er inform	ation co	ncerning this matter, please call:
	James St	rezewsk	i 312 324-6083
			Name of Contact Person Area Code Daytime Telephone Number
	Mailing A Registra		
			rporations Division of Corporations
	P.O. Bo		The Centre of Tallahassee
	Tallahas		
		ake ched	ck for the following amount: k payable to: FLORIDA DEPARTMENT OF STATE Fee \$\Bigcup \$130.00 \text{Filing Fee & }\Bigcup \$160.00 \text{Filing Fee, Certificate} Certificate of Status \$\text{Certified Copy} \text{of Status & Certified Copy}

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 FLORIDAY

King SS Associates, LI	lc				
(Name of Foreign	Limited Liability Company; must include "Limited Li	ability Company," "L. L. C	," or "LI.C ")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida	The alternate name must incl	lude "Limsted Liability Compa	iny, T"L.L.C. Tor "LLC T))
Delaware 2.	ich foreign limited liability company is organized)	3	(FEI number, if applicab	<u></u>	
(Authorition makes the law of w	and toleraps named monthly company is organized)		(FEI dumoer, it applicate	icj	
4	(Date first transacted business in Florida, if prior to regis (See sections 605,0904 & 605,0905, F.S. to determine p	stration) enalty liability)			
c/o Blue Vista Capital 5. (Street Address of Principal Office)	Management, LLC	6(Mailing Address	•		
353 North Clark Street,	Suite 730	(-samuel voices	••		
Chicago, Illinois 60654			-	- E-132	
7. Name and street addres	s of Florida registered agent: (P.O. Box <u>N</u>	<u>OT</u> acceptable)		JUZ DEC 27	FIL
Name:	NRAI Services, Inc.	· -		-22	7
Office Address:	1200 South Pine Island Road			15: TU	•
	Plantation	, Florida _	33324	-	
	(Cn)		(Zip code)		
Pagistared agent's accept	hnce.				

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.

Title or Capacity:		Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address:
□Manager	Name	Flagship BV Self Storage JV II, LLC	□Manager	Name:	
■ Member	Addres	353 North Clark St., Ste. 730	□Member	Address: _	2001
□Authorized	Chica	go, IL 60654	□Authorized		
Person	Attn:	Laurie Smith	Person		
□Other		□Other	□Other		□Other
□Manager	Name:		□Manager	Name:	1828
□Member	Addres	s:	□Member	Address: _	ES P
□Authorized			□Authorized		88.7
Person			Person		
□Other		Other	□Other		□Other 3
□Manager	Name:		□Manager	Name:	
□Member	Addres	s:	□Member	Address:	
□Authorized			□Authorized		
Person			Person		
□Other		Other	□Other		□Other
Important Notice: U indexed individuals	se an att may be	achment to report more than six (6). The added to the index when filing your Flo	ne attachment will be in orida Department of Sta	maged for repo ate Annual Rep	rting purposes only. Non- ort form.
	e law of	f existence, no more than 90 days old, owhich it is organized. (If the certificate mitted)			
	s evecut	red in accordance with section 605.0203	3 (1) (b), Florida Statute	es. I am aware	that any false information

Typed or printed name of signee

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "KING SS ASSOCIATES, 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

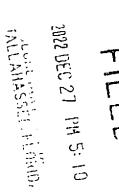
OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KING SS

ASSOCIATES, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D.

2022.

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





SR# 20224374757



Authentication: 205187409

Date: 12-27-22