

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**M2300000803**

**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.**

((H23000025992 3)))



H230000259923ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2023. 1. 20. 4: 22

Foreign Limited Liability Company  
**THE WILLIAM WARREN GROUP SELF STORAGE INCOME FUND**  
**TR**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2023 JAN 20 AM 11:20

APPROVED  
AND  
FILED

**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 FLORIDA:*

1. THE WILLIAM WARREN GROUP SELF STORAGE INCOME FUND TRS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware

2. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. WILLIAM WARREN PROPERTIES, INC.  
(Street Address of Principal Office)

6. c/o WILLIAM WARREN PROPERTIES, INC.  
(Mailing Address)

201 WILSHIRE BLVD STE 102

PO BOX 2034

SANTA MONICA, CA 90401

SANTA MONICA, CA 90406

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (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.*

By: Dana Weaver NRAI Services, Inc.  
Dana Weaver, Assistant Secretary  
(Registered agent's signature)

2023 JAN 20 AM 11:20  
FILED  
AND  
APPROVED

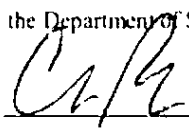
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Clark W. Porter</u>	<input type="checkbox"/> Manager	Name: <u>GARY SUGARMAN</u>
<input type="checkbox"/> Member	Address: <u>201 Wilshire Blvd.</u>	<input type="checkbox"/> Member	Address: <u>201 Wilshire Blvd.</u>
<input checked="" type="checkbox"/> Authorized	<u>Ste 102</u>	<input checked="" type="checkbox"/> Authorized	<u>Ste 102</u>
Person	<u>Santa Monica, CA 90401</u>	Person	<u>Santa Monica, CA 90401</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>WILLIAM W. HOBIN</u>	 <input type="checkbox"/> Manager	Name: <u>TIMOTHY B. HOBIN</u>
<input type="checkbox"/> Member	Address: <u>201 Wilshire Blvd.</u>	<input type="checkbox"/> Member	Address: <u>201 Wilshire Blvd.</u>
<input checked="" type="checkbox"/> Authorized	<u>Ste 102</u>	<input checked="" type="checkbox"/> Authorized	<u>Ste 102</u>
Person	<u>Santa Monica, CA 90401</u>	Person	<u>Santa Monica, CA 90401</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Clark W. Porter

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE WILLIAM WARREN GROUP SELF STORAGE INCOME FUND TRS, 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 NINETEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE WILLIAM WARREN GROUP SELF STORAGE INCOME FUND TRS, LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2021.

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



6360437 8300

SR# 20230195629

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202531622

Date: 01-19-23