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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PAVESE LAW FIRM
Account Number : I20130000057
Phone : (239)334-2195
Fax Number : (239)332-2243

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

Email Address: MichaelChenert@pavese-law.com

Foreign Limited Liability Company
TDCO CONWAY RD STORAGE,LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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No. 1312 P. 2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TDCO CONWAY RD STORAGE, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael P. Lehnert, Esq.
Name of Person

Pavese Law Firm
Firm/Company

1833 Hendry Street
Address

Fort Myers, Florida 33901
City/State and Zip Code

michaellehnert@paveselaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Lehnert, Esq. at (239) 336-6281
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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No. 1312 P. 3

**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. TDCO CONWAY RD STORAGE, 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.")

2. Delaware
(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. 633 9th Street N
(Street Address of Principal Office)

6. 5150 Tamiami Trail N
(Mailing Address)

Naples, FL 34102

Suite 204

Naples, FL 34103

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

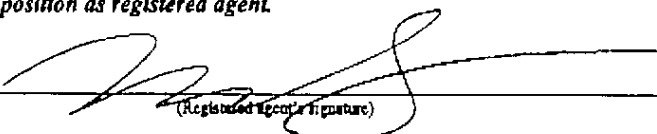
Name: PLF Registered Agent, LLC

Office Address: 1833 Hendry Street

Fort Myers, Florida 33901
(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.


(Registered agent's signature)

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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>
☒ Manager	Name: <u>Eugene T. Minvielle IV</u>	☒ Manager	Name: <u>Michael B. White</u>
☐ Member	Address: <u>5150 Tamiami Trail N</u>	☐ Member	Address: <u>5150 Tamiami Trail N</u>
☐ Authorized	<u>Suite 204</u>	☐ Authorized	<u>Suite 204</u>
Person	<u>Naples, FL 34103</u>	Person	<u>Naples, FL 34103</u>
☐ Other	☐ Other	☐ Other	☐ Other
☒ Manager	Name: <u>Justin Emens</u>	☒ Manager	Name: <u>Jason Gauder</u>
☐ Member	Address: <u>633 9th Street N</u>	☐ Member	Address: <u>633 9th Street N</u>
☐ Authorized	<u>Naples, FL 34102</u>	☐ Authorized	<u>Naples, FL 34102</u>
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other

Important Notice: Use an attachment to report more than six (6) individuals. This attachment will be filed with the Department of State. Additional indexed individuals may be added to the index when filing your Florida Department of State Annual Report.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having authority and power to do so under the jurisdiction under the law of which it is organized. (If the certificate is not a foreign certificate, the signature and name of the translator must be submitted.)

10. This document is executed in accordance with section 605.0202 (3)(b), Florida Statutes, and the information submitted in a document to the Department of State constitutes a true and correct copy of the original document.

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Delaware

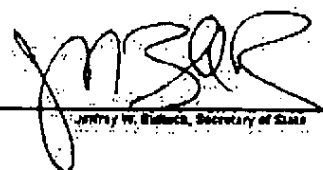
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TDCO CONWAY RD STORAGE, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTIETH DAY OF APRIL, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State