

M23000006128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

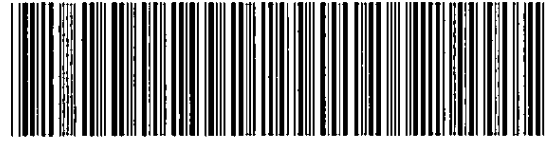
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY -2 AM 9:04

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ELDON SELF 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:

Gus Simmons, Esq.  
Name of Person

O'Halloran & Simmons, PLLC  
Firm/Company

2080 McGregor Blvd., Suite 300  
Address

Fort Myers, FL 33901  
City/State and Zip Code

opmlc@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTY R. OTTEN at (816) 807-8112  
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 & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate 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 FLORIDA:

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

ELDON SELF STORAGE FL, 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. MISSOURI
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-1306695
(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. 2404 Bagnell Dam Blvd.
(Street Address of Principal Office)
Lake Ozark, MO 65049

6. 2404 Bagnell Dam Blvd.
(Mailing Address)
Lake Ozark, MO 65049

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

Name: O'Halloran & Simmons, PLLC

Office Address: 2080 McGregor Blvd., Suite 300

Fort Myers, Florida 33901
(City) (Zip code)

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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.

Augustin Simmons o/s/o O'Halloran & Simmons, PLLC
(Registered agent's signature)

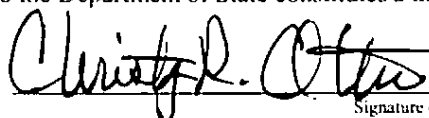
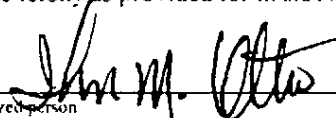
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Christy R. Otten</u>        | <input type="checkbox"/> Manager           | Name: <u>John M. Otten</u>           |
| <input checked="" type="checkbox"/> Member | Address: <u>PO Box 1390</u>          | <input checked="" type="checkbox"/> Member | Address: <u>PO Box 1390</u>          |
| <input type="checkbox"/> Authorized Person | <u>Lake Ozark, MO 65049</u>          | <input type="checkbox"/> Authorized Person | <u>Lake Ozark, MO 65049</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 Person | _____                                | <input type="checkbox"/> Authorized Person | _____                                |
| <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 Person | _____                                | <input type="checkbox"/> Authorized 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

Christy R. Otten

AND/OR

John M. Otten

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

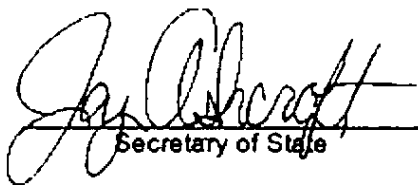
CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

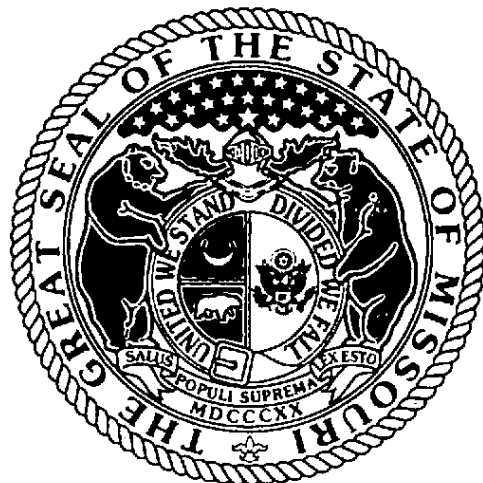
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*Eldon Self Storage, LLC*  
*LC1796002*

was created under the laws of this State on the 18th day of June, 2021, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 26th day of April, 2023.

  
Secretary of State



Certification Number: CERT-04262023-0127