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Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
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Office Use Only



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CSC - Tallahassee CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 05/24/23 Order #: 1217124-1

Re: Prime Storage Jupiter, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195_r

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "LLC," α "LLC.")	
(If name unavailable, enter alternate r	ame adopted for the purpose of transacting business in Flo	vida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC.")
Delaware 2. (Jurisdiction under the law of w	nich foreign (imited liability company is organized)	3. <u>93-1496981</u>	er, if applicable)
4			
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) ie penalty liability)	
85 Railroad Place		85 Railroad Place	
5. (Street Address of Principal Office)		6. (Mailing Address)	
Saratoga Springs, N	/ 12866 	Saratoga Springs, NY 128	866
			207
7. Name and street addres	s of Florida registered agent (P.O. Box	<u>NOT</u> acceptable)	i 2023 Hay
Name∷	Corporation Service Company		2 = 1
Office Address:	1201 Hays Street		AH 10:
OHO Hallo			

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.

Corporation Service Company

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Prime Storage Fund III GP, LLC ☐ Manager Name: ■Manager 85 Railroad Place Address: ■ Member □Member □ Authorized □Authorized Saratoga Springs, NY 12866 Person Person □Other____ Other ☐Other Other □Manager □Manager Name: Address: ☐ Member □Member Address: ____ □ Authorized ☐ Authorized Person Person Other____ Other ☐ Other □Other Name: ☐ Manager Name: □Manager Address: □ Member Address: ____ ☐ Member □ Authorized ☐ Authorized Person Person ☐ Other □Otber ☐ Other_____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$.817.155, F.S. Signature of an authorized person Robert J. Moser, Authorized Signatory Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PRIME STORAGE JUPITER, 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-FOURTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIME STORAGE JUPITER, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2023.

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



Jaffrey W. Bullock, Secretary of State