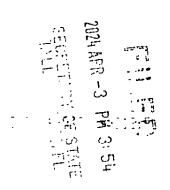
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TO:

COVER LETTER

Storage	Units Ground Lease Ft. Myers, LL	.c					
Name of Limited Liability Company							
he enclosed "Applic xistence, and check	ation by Foreign Limited Liability are submitted to register the above	Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Florida.					
ease return all corre	spondence concerning this matter t	to the following:					
Sco	ott M. Price, Esq.						
		Name of Person					
Zir	nmerman, Kiser and Sutcliffe P.A.						
		Firm/Company					
315	E. Robinson Street, Suite 600						
		Address					
Orl	ando, Florida 32801						
	C	ity/State and Zip Code					
corpo	orate@zkslaw.com						
	E-mail address: (to be	e used for future annual report notification)					
or further informatio	n concerning this matter, please cal	11:					
Emily Bautista		407 425-7010 at (
	Name of Contact Person	at () Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tallahassee. FL 32314		2415 N. Monroe Street, Suite 810					
		Tallahassee, FL 32303					
	check for the following amount: check payable to: FLORIDA DEP	PARTMENT OF STATE					
≘ \$1 25.00 F		e & 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate					

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Storage Units Ground (Name of Foreign	Lease Ft. Myers, LLC Limited Liability Company; must include "Limited	Liability Comp	oany," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternat	e name must include "Limited Liability	Company," "L. I. C," or "LLC.")	
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)			93-4331194		
		٥	3		
Upon Filing 4.				25	
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration) e penalty liability	9)		
698 N. MAITLAND A	AVENUE		N. MAITLAND AVENUE	台 男 温	
(Street Address of Principal Office)	5Street Address of Principal Office)		(Mailing Address)	الم الم	
SUITE 203	SUITE 203		E 203	1000 里 到	
MAITLAND, FL 32751		MAI	TLAND, FL 32751	37.75	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accept	able)		
Name:	SEAN CASTERLINE		_		
698 N. MAITLAND AVENUE Office Address:		203	_		
	MAITLAND		Florida		
	(City)		(Zip code)	_	
designated in this applica to comply with the provisi	stance: egistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered a	gent and agree to act in the	is capacity. I further agree	
	Scan Casterline				
	(Registered agent's sig	gnature)		_	

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Storage Units Ground Lease Name: Management Corporation ■ Manager □Manager Address: 698 N MAITLAND AVE □Member Address: □Member **SUITE 203** □ Authorized □ Authorized MAITLAND, FL 32751 Person Person □Other___ □Other □Other_ Other Name: _____ □Manager □Manager Name: _____ □Member Address: ____ □Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ □Other □Other □Other □Manager Name: _____ □Manager Name: Address: _____ ☐ Member Address: ____ □Member □ Authorized ☐ Authorized Person Person □Other_____ □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 s.817.155, F.S. Sean Casterline Signature of an authorized person SEAN CASTERLINE

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STORAGE UNITS GROUND LEASE FT. MYERS,

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-EIGHTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STORAGE UNITS GROUND LEASE FT. MYERS, LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2023.

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

e at corp delaware gov/auti

Authentication: 203136781

Date: 03-28-24

2556486 8300 SR# 20241210667