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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

36TH ST. STORAGE, LLC	
Please Debit FCA000000003 For: 1	125
Thank you Seth Neeley	
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- Dely	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
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	Рьою Сору
	Certificate of Good Standing
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	Certificate of Fictitious Name
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	Fictitious Search
Signature	Fictitious Owner Search
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None	UCC 11 Search
Name Date	Time UCC 11 Retrieval
Walk-In Will Pick U	Courier

COVER LETTER

ВЈЕСТ:	TH ST. STORAGE, LLC					
	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certifical referenced foreign limited liability company to transact business in Florida.				
ase return all	correspondence concerning this matter t	o the following:				
	ALEJANDRO ARAUJO					
		Name of Person				
		Firm/Company				
	2020 NE 163RD STREET, SUITE 30	0				
		Address				
	NORTH MIAMI BEACH, FL 33162					
	C	ity/State and Zip Code				
	AARAUJO@AFINDG.COM					
	E-mail address: (to be	e used for future annual report notification)				
r further info	rmation concerning this matter, please ca	П:				
ALEJA	ANDRO ARAUJO	786 274-1414 at ()				
	Name of Contact Person	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				
Enclose Place	ed is a check for the following amount: make check payable to: FLORIDA DEP	PARTMENT OF STATE				
	5.00 Filing Fee \$130.00 Filing Fe					
	Certificate of					

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 BUNINESS IN THE STATE OF FLORIDA: 36TH ST. STORAGE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC") Of name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Litability Company," "L.L.C." or "LLC.") **DELAWARE** Durisdiction under the law of which foreign limited liability company is preantized (Date first transacted business in Florida, il prior to registration.). 2020 NE 163RD STREET **2020 NE 163RD STREET** (Street Address of Principal Office) SUITE 300 SUITE 300 NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ALEJANDRO ARAUJO Name: 2020 NE 163RD STREET, SUITE 300 Office Address: NORTH MIAMI BEACH

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.

Registred 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]:

Title or Capacity;	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:A3M INVESTMENT LLC	□Manager	Name: MS NW 36 ST. MIAMI LLC
□Member	Address: 2020 NE 163RD STREET	□Member	Address:
□Authorized	SUITE 300	□Authorized	#6B
Person	NORTH MIAMI BEACH, FL 33162	Person	NEW YORK, NY 10024
⊟ Other	Other	■Other MGMR	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. 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 telony as provided for in s.817.155, F.S.

Alejandro Araujo, Authorized Representative

Typed or printed name of surnee

Signature of an authorized person



Page 1

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

DELAWARE, DO HEREBY CERTIFY "36TH ST. 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 SEVENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "36TH ST. STORAGE LLC" WAS FORMED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2022.

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

Authentication: 203415290

Date: 05-07-24