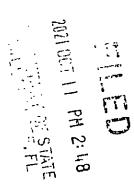
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(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



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2021 OCT 11 AM11:57

RECEIVED



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 093372 8339831

AUTHORIZATION : Squelle Color

COST LIMIT : \$'1\061.25

ORDER DATE: October 8, 2021

ORDER TIME : 9:36 AM

ORDER NO. : 093372-005

CUSTOMER NO: 8339831

FOREIGN FILINGS

NAME: STORAGE CAP BRANDON LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Storage Cap Brandon LP	
	nership or Limited Liability Limited Partnership
The enclosed application, certificate of status and f partnership to transact business in Florida. Please return all correspondence concerning this m	ees are submitted to register a foreign limited partnership or limited liability limited atter to:
Tricia Hoo	
Contact Person	
Store Space	
Firm/Company	
330 E. Crown Point Road	
Address	
Winter Garden, FL 34787	
City, State and Zip Code	
THOO@STORESPACE.COM [/	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, plea	ase call:
Tricia Hoo	at (407) 305-9450
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$1.000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1.008.75 Filing Fees and Certificate of Status	□\$1.052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

Storage Cap Brandon LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida: must contain acceptable suffix. , Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number. 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL, 32301 6. Thereby 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. Entrino Batures Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 330 E. Crown Point Road 330 E. Crown Point Road Winter Garden, FL 34787 Winter Garden, Fl 34787 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner:_ Storage Cap GP 2, LLC Name of General Partner:_____ 330 E. Crown Point Road Street Address: Street Address: Winter Garden, FL 34787 _____ Mailing Address:___ Mailing Address: Name of General Partner:_______ Name of General Partner:______ Street Address: Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
11. Effective date, if other than the date of Effective date cannot be prior to nor more Note: If the date inserted in this block does document's effective date on the Department	filing:	
	authenticated, not more than 90 days prior to the delivery of this application to the of State or other official having custody of the entity's records in the jurisdiction under	Г
Signed this 8th day of	October,20 21	
	Chitte XX	
	Signature of a general partner	

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

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Page 1



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

DELAWARE, DO HEREBY CERTIFY "STORAGE CAP BRANDON LP" 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 EIGHTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STORAGE CAP BRANDON LP" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 2021.

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



Authentication: 204366275

Date: 10-08-21