Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

5. Read and Sign Below (Title not required.)

on behalf of the foreign LLC

Signature

LLC-5 (REV 11/2023)

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

For Office Use Only

-FILED-

2023 California Secretary of State

bizfileOnline.sos ca gov

File No.: 202464013398 Date Filed: 9/23/2024

California Franchise Tax Board each year. For more information, go https://www.fib.ca.gov/ .	This Space For Office Use Only				
1a, LLC Name (Enter the exact name of the LLC as listed on your attache	d Certificate of G	ood Standing.)			
Atlas storage 8, LLC					
1b. California Alternate Name, If Required (Only enter an alterna	ite name if the LL(name in 1a not available in	California)	121121
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	1 Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					•
Delav	vare				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ess in the state	, foreign country or pla	ice enter	ed in Iter	n 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b car	not be a P O. Box or "in care	of an ind	ividual or e	ntity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevis	State	Zip Code		
1808 Wedemeyer St, Ste 221	San Francis	CA	94129		
o. Street Address of Principal Office in California, if any - Do not enter a P.O. Box City (no abbreviations)			State	Zip Code	
		CA			
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	//3a3b		•	*	_
d. Mailing Address - if different than item 3a or 3b	City (no abbrevia	State	Zip Code		
4. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full a		ia street address.		<u> </u>	
a. California Agent's First Name (if agent is not a corporation)	Middle Name			Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevia	State	Zip Code		
CORPORATION - Complete Item 4c only. Only include the name of the r	egistered agent C	orporation.	ш		
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	complete Item 4a	эг 4 b			
Corporation Service Company Which Will Do Business In Califor	mia As CSC - L	awyers Incorporating 9	Service		

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign

Michael Kremer Type and Print Name

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "ATLAS STORAGE 8, 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-THIRD DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLAS STORAGE 8, LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2023.

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



Authentication: 204459221

Date: 09-23-24