

COMMONWEALTH OF KENTUCKY **ELAINE N. WALKER, SECRETARY OF STATE**

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/10/2013 12:00 AM

Fee Receipt: \$90.00

Division of Corporations Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authori (Foreign Business E			FBE
Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274,275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:				
1. The entity is a : profit corporation (KRS 271B). nonprofit corporation (KRS 273). professional service corporation (KRS 274). business trust (KRS 386). imited liability company (KRS 275). imited professional limited liability company (KRS 275).				
2. The name of the entity is Storage Express Holdings, LLC (The name must be identical to the name on record with the Secretary of State.)				
3. The name of the entity to be used in Kentucky is (if applicable):(Only provide if "real name" is unavailable for use; otherwise, leave blank.)				
The state or country under whose law the entity is organized is Indiana				
		and the period of duration is 05/30/2027 (If left blank, the period of duration is considered perpetual.)		
The mailing address of the entity's pri 227 W Dodds	incipal office is	Bloomington	IN	47403
Street Address		City	State	Zip Code
7. The street address of the entity's registered office in Kentucky is				
2716 Old Rosebud STE 20	•	Lexington	KY	40509
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at that office is Registered Agents Inc.				
8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):				
Jefferson Scott Shreve	P.O. Box 70	Bloomington	IN	47402
Name	Street or P.O. Box	City	State	Zip Code
Shreve & Company	P.O. Box 70	Bloomington	IN	47402
Name	Street or P.O. Box	City	State	Zip Code
A to the second				Zip Code
Name	Street or P.O. Box	City	State	•
 If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation. 				
10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.				
11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:				
12. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is [Delayed effective date and/or time]				
(). Som	Jefferson Scott Shreve		09/10/2013	
Signature of Authorized Representative	Printed Name & Title		Date	
Annal Annal Annal Inc				
Type/Print Name of Registered Agent	, consent to serve as the registered agent on behalf of the business entity.			
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41	Dan Keen		esident	09/10/2013
Signature of Registered Agent	Printed Name	Title	•	Date