

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

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mstratton L902

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	Certificate of Authority (Foreign Business Entity)			FBE
PO Box 718 Frankfort, KY 40602	(Foreigh Business	=naty <i>)</i>		
(502) 564-3490				
www.sos.ky.gov				
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and			by applies for a	uthority to transact business in Kentucky
business	· · · · · · · · · · · · · · · · · · ·	ofit corporation (KRS 273). I liability company (KRS 275).		onal service corporation (KRS 274). onal limited liability company (KRS 275).
2. The name of the entity is Storage Express Management, LLC				
(The name must be identical to the name on record with the Secretary of State.)				
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.)				
4. The state or country under whose lav	v the entity is organized is Indiar	1 a		
5. The date of organization is 07/01/1993 and the period of duration is 12/31/2023				
227 W Dodds	mopar office to	Bloomington	IN	47403
Street Address		City	State	Zip Code
7. The street address of the entity's regi	istorad office in Kontrolovia	•		·
2716 Old Rosebud STE 20	•	Lovington	KY	40509
Street Address (No P.O. Box Numbers)	1A	Lexington	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 (sec	retary, officers and directors, m	anagers, truste	es 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
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all the individual shareholders, not tess 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 The effective date or the delayed effective	n filing, unless a delayed effective or g date cannot be prior to the date	date and/or time is provided. the application is filed. The da	te and/or time i	S (Delayed effective date and/or time)
Jefferson Scott Shreve, President 09/10/2				• •
Signature of Apthorized Representative	<u> </u>	Printed Name & Title	Ticalacit	Date
Registered Agents Inc. , consent to serve as the registered agent on behalf of the business entity.				
Type/Print Name of Registered Agent				
to the	Dan Keer	n Pre	esident	09/10/2013
Signature of Registered Agent	Printed Name	Titl		Date