



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Statement of Registration

FOREIGN Limited Partnership

2024 JUN 17 PM 3:42

→ Filing Fee: \$100.00 minimum

Pursuant to the provisions of RIGL 7-13.1-1003, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited partnership is:		
Public Storage OP, L.P.		
The name, if different, which it elects to use in Rhode Island is:		
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
Delaware	07/27/2023	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Real Estate / Storage Rental		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jeferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.		

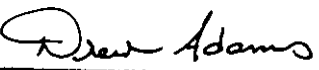
MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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7. The address, if applicable, of the office required to be maintained in the state or country of its organization is: 251 Little Falls Drive Wilmington, DE 19808			
8. The name and business address of each general partner is:			
GENERAL PARTNER	BUSINESS ADDRESS		
PSOP GP, LLC	701 Western Avenue Suite 200 Glendale, CA 91201		
9. The address of the foreign limited partnership's principal place of business is:			
Address 701 Western Avenue, Suite 200			
City/Town	State	Zip Code	
Glendale	CA	91201	
10. This application must be accompanied by a <u>Certificate of Good Standing</u> <u>letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
11. Date when this Statement of Registration for a limited partnership will be effective: CHECK ONE BOX ONLY <input checked="checked" type="checkbox"/> Date recieved (upon filing) <input type="checkbox"/> Later effective date (date must be no more than 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>			
Type or Print Name of General Partner			Date
Drew Adams Vice President of the General Partner PSOP GP, LLC			5/30/2024
Signature of General Partner			
			

8. The name and business address of each general partner is:	
GENERAL PARTNER	BUSINESS ADDRESS
PSOP GP, LLC	701 Western Avenue Suite 200 Glendale, CA 91201

9. The address of the foreign limited partnership's principal place of business is:		
Address 701 Western Avenue, Suite 200		
City/Town	State	Zip Code
Glendale	CA	91201
10. This partnership:		

10. This application must be accompanied by a Certificate of Good Standing or Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this Statement of Registration for a limited partnership will be effective: **CHECK ONE BOX ONLY**

☒ Date received (upon filing)

☐ Later effective date (date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of General Partner	Date
Drew Adams Vice President of the General Partner PSOP GP, LLC	5/30/2024
Signature of General Partner	

Signature of General Partner

Drew Adams

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PUBLIC STORAGE OP, L.P." 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 TWENTIETH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PUBLIC STORAGE OP, L.P." WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2023.

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



7591763 8300

SR# 20242259140

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed.

Authentication: 203507383

Date: 05-20-24



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 17, 2024 03:42 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

