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To:  
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Fax Number : (850)617-6383

From:  
Account Name : HUNTON & WILLIAMS  
Account Number : I20000000236  
Phone : (305)810-2542  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Storsafe Sanford Manager, LLC**

Certificate of Status	0
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**L. SELLERS**

**EXAMINER**

**ARTICLES OF ORGANIZATION  
OF  
STORSAFE SANFORD MANAGER, LLC**

Pursuant to the provisions of Chapter 608, Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, the following are the Articles of Organization for STORSAFE SANFORD MANAGER, LLC (the "Company").

**ARTICLE I  
NAME**

The name of the limited liability company is STORSAFE SANFORD MANAGER, LLC (the "Company").

**ARTICLE II  
MAILING ADDRESS AND PRINCIPAL PLACE OF BUSINESS**

The mailing address and principal place of business of the Company is 444 Brickell Avenue, Suite 900, Miami, Florida 33131.

**ARTICLE III  
INITIAL REGISTERED AGENT**

The name and address of the initial registered agent for the Company in Florida is Carrie M. Levine, c/o Hunton & Williams LLP, 1111 Brickell Avenue, Suite 2500, Miami, Florida 33131.

IN WITNESS WHEREOF, pursuant to Section 608.407, Florida Statutes, the undersigned, authorized representative of a member of the Company, has executed these Articles of Organization this 8th day of January, 2008.

  
Carrie M. Levine, Authorized Representative

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**CERTIFICATE DESIGNATING THE ADDRESS  
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

**WITNESSETH:**

That **STORSAFE SANFORD MANAGER, LLC**, desiring to organize under the laws of the State of Florida, has named **Carrie M. Levine**, with offices at c/o **Hunton & Williams LLP**, 1111 Brickell Avenue, Suite 2500, Miami, Florida 33131, as its agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and 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 duties and obligations of a registered agent outlined in Section 608.415, Florida Statutes.

Dated this 8th day of January, 2008.

*Carrie Levine*

Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**