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2014 FEB 18 AMII: 4

FEB 1 9 2013

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: Store More 33rd Street	, LLC Name of Limited	l Liability Company	
The en	closed Articles of Organization a	and fee(s) are su	bmitted for filing.	
Please	return all correspondence concer	ning this matter	to the following:	
	Alice Cislo		lame of Person	
		1.	anic of reison	
	Store More 33rd Street,			
		Į.	irm/Company	
	11190 MJ Rd			
			Address	
	Myakka, Fl 34251	C'. "	3 12° . C . 1	
		City/:	State and Zip Code	
_33	Brdstorage@gmail.com	. (to be used for	future annual report notifica	·:\
	E-man address	: (to be used to	rituure annuar report notifica	tion)
For fur	ther information concerning this	matter, please o	eall:	
Alice	Cislo	at (941) 737-9752	
	Name of Person	Aı	ea Code Daytime Tel	ephone Number
Enclos	ed is a check for the following ar	nount:		
☑ \$125.0	0 Filing Fee	f Status	l\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street/Courier Addr	220
	Registration Section		Registration Section	<u> </u>
	Division of Corporati	ons	Division of Corporati	ions
	P.O. Box 6327	4	Clifton Building	. (1.1.
	Tallahassee, FL 3231	4	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Store More 33rd		
	(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addre		pal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
		11190 MJ Rd
Myakka, Fl 342 ARTICLE III - I The Limited Lial mother business	Registered Agent, Registered Of bility Company cannot serve as its entity with an active Florida regist	Myakka, Fl 34251 fice, & Registered Agent's Signature: own Registered Agent. You must designate an individual ration.)
Myakka, Fl 342 ARTICLE III - I The Limited Lial mother business	Registered Agent, Registered Of bility Company cannot serve as its entity with an active Florida regist Florida street address of the regist	Myakka, Fl 34251 fice, & Registered Agent's Signature: own Registered Agent. You must designate an individual ration.)
Myakka, Fl 342 ARTICLE III - I The Limited Lial mother business	Registered Agent, Registered Off bility Company cannot serve as its entity with an active Florida regist Florida street address of the regist Alice Cislo	Myakka, Fl 34251 fice, & Registered Agent's Signature: own Registered Agent. You must designate an individual ration.)
Myakka, Fl 342 ARTICLE III - I The Limited Lial mother business	Registered Agent, Registered Off bility Company cannot serve as its entity with an active Florida regist Florida street address of the regist Alice Cislo	Myakka, Fl 34251 fice, & Registered Agent's Signature: own Registered Agent. You must designate an individual tration.) tered agent are:
Myakka, Fl 342 ARTICLE III - I The Limited Lial mother business	Registered Agent, Registered Off bility Company cannot serve as its entity with an active Florida regists: Florida street address of the regis	Myakka, Fl 34251 fice, & Registered Agent's Signature: own Registered Agent. You must designate an individual tration.) tered agent are:
Myakka, Fl 342 ARTICLE III - I The Limited Lial nother business	Registered Agent, Registered Off bility Company cannot serve as its entity with an active Florida regists: Florida street address of the regis Alice Cislo	Myakka, Fl 34251 fice, & Registered Agent's Signature: own Registered Agent. You must designate an individual tration.) tered agent are:

ny at iis nce in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2014 FEB 18 AM 11: 49

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Atta - Otala
MGR	Alice Cislo
	11190 MJ Rd <u>Myakka, Fl 34251</u>
MGR	Yvonne Aronin
7,	11190 MJ Rd
	Myakka, Fl 34251
MGR	Theresa Sellmer
	10410 Wauchula Rd
	Myakka, FI 34251
(Use attachment if necessary)	
EV: Effective date, if other than the	date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must be	date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 90000000000000000000000000000000000
(Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must bof filing.) EVI: Other provisions, if any.	date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ective date is listed, the date must be filing.)	date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of	a member or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

FILLU 2014 FEB 18 AMII: 49 SECRETTARY OF SEARCH