Florida Department of State Division of Corporations Public Access System

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Division of Corporations

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: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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FOREIGN LIMITED LIABILITY COMPANY

UHIL 4, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$125.00 |

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J. BITTON JUN 2 1 2005

| TRANSMITTAL LETTER | | | | | | |
|---|--|--|--|--|--|--|
| TRANSMITTAL LETTER TO: Registration Section Division of Corporations SUBJECT: UHIL 4, LLC (Name of Limited Liability Company) | | | | | | |
| SUBJECT: UHL 4,LLC | Eria B | | | | | |
| (Name of | Limited Liability Company) | | | | | |
| The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check a liability company to transact business in Florida. | d Liability Company for Authorization to Transact Business in the submitted to register the above referenced foreign limited | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Noncy Ventre | | | | | | |
| (Name of Person) | | | | | | |
| U-Haul Internation | | | | | | |
| | (Firm/Company) | | | | | |
| 272(N. Central A | venue | | | | | |
| | (Address) | | | | | |
| Phoenix, Arizona | 85004 | | | | | |
| (Cil | ty/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Nancy Ventre | at (602) 263-6195 | | | | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | | | | |
| STREET ADDRESS: | MAILING ADDRESS: | | | | | |
| Registration Section | Registration Section | | | | | |
| Division of Corporations | Division of Corporations | | | | | |
| 409 E. Gaines Street Tallahassee, Florida 32399 | P.O. Box 6327 | | | | | |
| Tallahassee, Florida 32399 Tallahassee, Florida 32314 Enclosed is a check for the following amount: | | | | | | |
| ☐ \$125 00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy | | | | | | |

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|--|---|--|--|--|--|
| | | | | | |
| ADDI ICATION | BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO | | | | |
| AFFIRCATION | TRANSACT BUSINESS IN FLORIDA | | | | |
| nt consortated file | H SECTION 608-313, FLORIDA STATUTES, THIS FOLLOWING IS SLEMITTED TO REGISTER A FORESCY | | | | |
| IN COMPLIANCE WITH LIMITED LIABILITY COI | BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H SECTION GRADS, FLORIDA STATULES, THE FOLLOWING IS SEBMITTED TO REGISTER A FOREIGN MPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA (Name of Foreign Limited Liability Company) | | | | |
| UHIL 4, LLC | 5 | | | | |
| 4 · | (Name of Foreign Limited Liability Company) | | | | |
| 2. Delaware | 3. 20-2848740 | | | | |
| (Jurisdiction under the | e law of which foreign limited hability (FEI number, if applicable) | | | | |
| 36 13 3005 | c Perpetual | | | | |
| | of Organization) (Dutation: Year limited liability company will cease to exist or "perpetual") | | | | |
| | | | | | |
| 6. Upon filing this | | | | | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | | | | |
| 7. 2721 N. Central | Ауедие | | | | |
| Phoenix, Arizona | x 85004 | | | | |
| THOUSEN STIMAN | (Street Address of Principal Office) | | | | |
| 2 If limited liebilit | y company is a manager-managed company, check here [| | | | |
| o. It itelited hashi | A cottibution in a managem managem downland, opposit rote | | | | |
| The name and us | rual business addresses of the managing members or managers are as follows: | | | | |
| Edward J. Shoes | 2721 N. Central Avenue, Phoenix, Arizona 85004 | | | | |
| | | | | | |
| Jennifer M. Sett | les 2721 N. Central Avenue, Phoenix, Arizona 85004 | | | | |
| Gary B. Horton | 2721 N. Central Avanus, Phoenix, Arizona 85004 | | | | |
| | | | | | |
| | al certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in Naw of which it is organized. (A photocopy is not acceptable. If the certificate is in a funcion language, a | | | | |
| | neunder og h of the warskier must be submitted.) | | | | |
| | *** *** *** *** *** *** **** **** **** **** | | | | |
| 11. Nature of busin | ess or purposes to be conducted or promoted in Florida: To Operate real property. | | | | |
| | | | | | |
| | Co An on Colone | | | | |
| | Signature of a member or an authorized representative of a member. | | | | |
| (In accordance with section 608.408(3), F.S., the execution of this document constitutes | | | | | |
| | on affirmation under the ponalties of perjury that the facts stated herein are true) | | | | |
| | Innifer M. Settles, Secretary & Manager Typed or printed name of signee | | | | |
| ED FOR COMMISSION CONTINUES. | - 3 Law at house a terms at hiteras | | | | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of | the Limited Liability Compa | iny is: | | OF THE |
|-----------------------------|--------------------------------|-------------------------|----------------------|--------|
| UHIL 4, LLC | | | | 3 |
| 2. The name and | d the Florida street address o | f the registered | gent and office are: | MH 20 |
| | CT | Corporation System | : | 器 建 |
| | (Nama) | | | |
| 1200 South Pine Island Road | | | ORDE 5 | |
| | Florida Street Addr | ess (P.O. Box <u>NO</u> | (ACCEPTABLE) | アガ |
| | Plantation | FL_ | 33324 | _ |
| | | City/State/Zip | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: Mauh Routh Stories October (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UHIL 4, LLC" 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 EIGHTEENTH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2005 JUN 20 AM 10: 45
2005 JUN 20 AM 10: 45
2005 JUN 20 AM 10: 45



Warriet Smith Hindson

AUTHENTICATION: 3888513

DATE: 05-18-05

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