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COVER LETTER

TO: Registration Section Division of Corporations			April, 17, 2007
SUBJECT: Causeway S		plex, LLC d Liability Company)	
The enclosed Articles of Organiza	tion and fee(s) are s	ubmitted for filing.	
Please return all correspondence co	oncerning this matte	er to the following:	
Kristy A. Mount			
	(Name of Person)	
Kristy A. Mount			
	(Firm/Company)	
605 South Pal	m Avenue		
		(Address)	
Titusville, FL			
	(City	/State and Zip Code)	
For further information concerning	this matter, please	call:	
Kristy A. Mount		at (321 _) 385-35	34
(Name of Person)		(Area Code & Daytime To	elephone Number)
Enclosed is a check for the follo	owing amount:		
\$125.00 Filing Fee \$130 Certific	0.00 Filing Fee & ate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	tion Section of Corporations ox 6327 ssee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns
ែទ្វាប់ ។ មាច់ជាស្មែកកាត់បន្ទេស	in the second		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	apany is:			
Causeway Storage Complex, LLC				
	ny, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")		
ARTICLE II - Address:				
	of the principal office of the Limited Lia	bility Con	npany	is:
Principal Office Address:	Mailing Address:			
1767 S. Patrick Drive 1A St. Andrews Drive				
Indian Harbour Beach, FL 32927	Farmington, CT 06032			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individ business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Kristy A. Mount				
Name		AS TE	22	_
605 S. Palm Avenue		ETAKY ÓF STATE HASSEE, FLORIDA	+ PH	FILED
Florida street address (P.O. Box NOT acceptable)			<u>'S</u>	_
Titusville, FL 32796 FL		RICA E	53	
Cit	ty, State, and Zip	>		
liability company at the place design	t and to accept service of process for the a cated in this certificate, I hereby accept the capacity. I further agree to comply with	e appointm	ent as	S

Kush I. Man

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, F.S..

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Remi Roy 1A St. Andrews Drive Farmington, CT 06032 MGRM Edna Roy 1A St. Andrews Drive Farmington, CT 06032 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Kristy A. Mount Typed or printed name of signee

Filing Fees:

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

ARTICLE IV- Manager(s) or Managing Member(s):

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