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COVER LETTER

TO: Registration Se Division of Cor				
_{ѕивјест:} <mark>U-На</mark>	ul Co. of Flo			
	Name	e of Limited Liability Company		
		ility Company for Authorizati ove referenced foreign limite		
Please return all correspo	ndence concerning this mat	tter to the following:		
Kim	berly Wolf			
		Name of Person		
U-H	łaul			
		Firm/Company		
272	1 N. Central	Avenue		
		Address		
Pho	enix, AZ 850	004	,	
		City/State and Zip Code		 * 2
kiml	berly_wolf@		^R # -5	
	E-mail address:	(to be used for future annual rep	ort notification)	2 2
For further information co	oncerning this matter, pleas	se call:	:	5 7 1
Kimber	ly Wolf	at (602	760-4972	PH 2:
	Name of Contact Person	Area Code	Daytime Telephone Nur	ntbern &
MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL	porations tion	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle	
Enclosed is a check for a \$125.00 Filing	or the following amoung Fee \$130.00 Filing Certificate of	g Fee & □ \$155.00 Filing		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the purpose of transact	ing business in Florida. The alterna	to name must include "I imited	
Liability Company," "L.L.C," or "LLC.")		te name must merade "Emmed	
_{2.} Delaware _{3.} 4	7-1144229		
(Jurisdiction under the law of which foreign limited liability company is organized)	y (FEI number, if applicable)		
		75.5 星	
(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	a, if prior to registration.) o determine penalty liability)	A SUR	
2727 N. Central Avenue		N 25	
Phoenix, AZ 85004		P P	
(Street Address of Pri	ncipal Office)	- B. N. O	
2721 N. Central Avenue		<u> </u>	
Phoenix, AZ 85004			
(Mailing Add	ress)		
. The name, title or capacity and address of the person(s)	who has/have authority to	manage is/are:	
ohn C. Taylor, Manager 2727 N. Cen	•	Ü	
		<u> </u>	
Edward J. Shoen, Manager 2727 N. Ce	entral Ave., Phoen	ix, AZ 85004	
Sary B. Horton, Manager 1325 Airmotive	Way, Ste. 100, Re	no, NV 89502	
Attached is an original certificate of existence, no more to ving custody of records in the jurisdiction under the law deeptable. If the certificate is in a foreign language, a transact set of submitted.	of which it is organized. (A	hotocopy is not	
Signature of an auth	/ 1		
Signature of an auth accordance with section 605.0203, F.S., the execution of this document constitutes at aware that any false information submitted in a document to the Department of State	affirmation under the penalties of peri	ury that the facts stated herein are trided for in s.817.155, F.S.)	
John C. Taylor			

MANAGEMENT STRUCTURE ATTACHMENT TO APPLICATION FOR REGISTRATION (SECTION 7)

U-HAUL CO. OF FLORIDA 3, LLC

Korri A. Behler, Manager 1209 Orange Street, Wilmington DE 19801

Tamara Kling, Manager 1209 Orange Street, Wilmington DE 19801

2014 JUN 25 PM 2: 35

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "U-HAUL CO. OF FLORIDA 3, 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 THIRTEENTH DAY OF JUNE, A.D. 2014.

2014 JUN 25 PH 2: 35

5550598 8300

140831966

AUTHENTICATION: 1450201

DATE: 06-13-14

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

U-Hau	e of the Limited Liability Co. of Florida	3, LLC		
If unavailab	le, the alternate to be used	l in the state of Florida is:	·	
2. The name	e and the Florida street ad	dress of the registered agent and offic	e are:	
	CT Corporat	tion System	,	
		(Name)	.	
	1200 S. Pine	e Island Road		
	Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	_{FI} 33324		
		City/State/Zip		
liability comp registered ag statutes relati	oany at the place designate ent and agree to act in this ing to the proper and comp	t and to accept service of process for the din this certificate, I hereby accept the scapacity. I further agree to comply we plete performance of my duties, and I described agent as provided for in Company to the scapacity.	ne appointment as swith the provisions of all am familiar with and	
		0.00 Filing Fee for Application 5.00 Designation of Registered Ag	gent	

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00