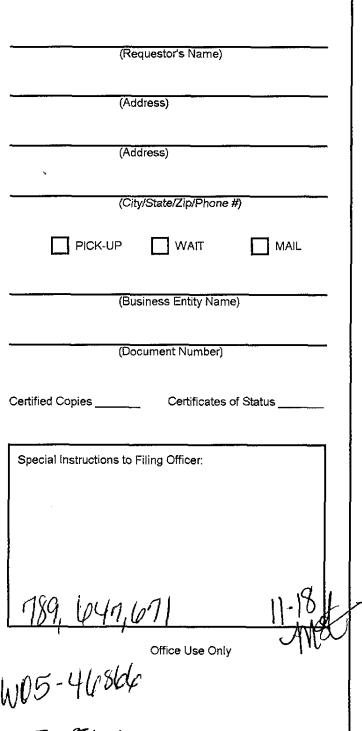
F0500000 6695





000059653300

10/10/05--01069--007 **87.50

SECHELLAY OF STATE

NOV 17 AH 10: 46

COVER LETTER

Divisi	ion of Corp	orations			,							
SUBJECT:	FURT	KNOX	STORAGE	€ (0	. / 0/1	3/2	ART	MES	ac i	PRODUC	:75	
			(Name of	corporati	ion - must	includ	le suffix)	 -	-			
Dear Sir or Ma	adam:									•		
The enclosed "Certificate of to transact bus	Existence,	" and che										
Please return a	ıll correspo	ndence co	oncerning	this matte	er to the fo	ollowir	ng:					
SALVA	TORE	Cu	HAM	TAR	<i>'</i> D							
-,			=	(Name o	f Person)							
			= 1A	T 1	AEDAL	. 1	ROD	UCT.	3			
Uni	Tus	Mad		(Firm/Co	• • •		///	-)		SECH	OS NOV 1	. <i>ஈ ர</i> ஆக்க ஆக்குக
701	3/01	1.1084	ga 1	SLVD (Add	ress)	X	41-	· /		- 55 S	~	73.
Dern	Jim Field	13	CH	•	•	3	344	12		H H H	7 AH	
					and Zip c					STATE	94 :01 HV	
For further info	ormation co	ncernina	this matte	r nlesse	call.					≯	O)	
		в		i, prouse	our.							
_SAWAT	PORE		at (954	, 4	29-	966	\mathcal{A}				
	of Person))		(Area	Code & D	aytim	e Telepho	ne Numb	oer)	-		
STREI	ET/COUR	IER ADI	ORESS:			MAII	LING AI	DRESS	•			
Registr	ation Secti	on					tration Se		•			
Divisio	on of Corpo	rations	••			Divisi	ion of Co	rporation	ıs			

P.O. Box 6327

Tallahassee, FL 32314

Enclosed is a check for the following amount:

2661 Executive Center Circle

Tallahassee, FL 32301

Clifton Building

TO:

Registration Section

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & Certificate of Status Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 12, 2005

SALVATORE CIARAMITARO 401 JIM MORAN BLVD BOX 4157 DEERFIELD BCH, FL 33442

SUBJECT: FORT KNOX STORAGE CO

Ref. Number: W05000046866

We have received your document for FORT KNOX STORAGE CO and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calling (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 505A00062173

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 66	07.1503, FLORĪDA STAT	TUTES, THE FOLLOWING	IS SUBMITTED TO
REGISTER A FOREIGN CORPORAT.	ION TO TRANSACT BUS	SINESS IN THE STATE OF	FLORIDA.

	T KNOL STORAGE COMPANY		, *
(Enter nat	me of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," o.," "Corp," "Inc," "Co," or "Corp.")	-	
	# Net		
	inavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)		
	Ountry under the law of which it is incorporated) 36-3606965 (FEI number, if applicable)	_	
•	(Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")		
	[Duration: Tear corp. will cease to exist of perpetual]		
·	(Date first transacted business in Florida, if prior to registration)	-	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
	101 JIM MOMAN BLUD DEERFIRED BUY FL 33442		
	(Their size 1 - CC 3.1)	- -	
401	JIM MORAN 13LVD BUL 4157 DEUR FIELD BUT, KC 3. (Current mailing address)	5445	
	(Current mailing address)	205	
·	MANUFACTURER _	05 NOV 17 AH 10: 4	
(Pu	pose(s) of corporation authorized in home state or country to be carried out in state of Florida)	17	
. Name and	d street address of Florida registered agent: (P.O. Box NOT acceptable)	*	Ü
Nar	ne: SALVATURE (IAKAIKITARU)	94:01	
ffice Addr	ess: 401 JIM MORAP BLUD		
	DEORFIED BOH B , Florida 33447 (City) (Zip code)	****	
	(City) (Zip code)		

Having been named as registered agent and to accept service of process for the above stated corporation at the place tesignated in this application, 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 relative to the proper and complete performance of my luties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

1. Attached is a certificate of existence duly authenricated, not more than 90 days prior to delivery of this application to he Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction inder the law of which it is incorporated.

		-				
DIRECTORS		•			• •	
man:		<u> </u>				
ess:						·
		_*				
Chairman:						
ess:						
				··		
tor:		•				
ess:		 				-
tor:						
ess:						
lent:						
ess: 40)	JIM MON	CAN BLI	10 · 9.6. 33447	Box 18	4157	
ess: Hear	•			Bux 16	4157 ASS	05
President:	•			Bux 16	YIS7 ALLAHA	05 NOV
President:	•			But 16	YIST ALLAHASSEE	05 NOV 17
President:	•			But 16	SECTÉ LIBY OF S)5 NOV 7 LED
President:				But 16	YUS7 FALLAHASSEE FLORID)5 NOV 7 LED
President:		=	- MANA	Bux 1/4	SECTÉ LIBY OF S)5 NOV 7 LED
President:			•	Bux 1/4	SECTE VIEW OF STATE)5 NOV 7 LED
President:				Bux 16	SECTE VIEW OF STATE)5 NOV 7 LED
President:				Bux 16	SECTE VIEW OF STATE)5 NOV 7 LED
President:		_			SECTE WAY OF STATE ALLAHASSEE, FLORIDA	15 NOV 17 ALS
President:		_			SECTE WAY OF STATE ALLAHASSEE, FLORIDA	15 NOV 17 ALS
President: ss: ary: ss: trer: ss: E: If necessary, you		dendum to the app	lication listing add	litional officers	SECTE WAY OF STATE ALLAHASSEE, FLORIDA	15 NOV 17 ALS

File Number

5159-721-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of OCTOBER A.D. 2005.

Desse White