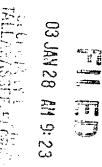
## 

(Re	equestor's Name)
(Ac	idress)
(Ac	idress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	_
	1/29
	Office Use Only



01/28/03--01037--007 \*\*130.00



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim Storm Depot Enter	ited Liability Cor	mpany is:			
740 NW Buck Her Stuart, Florida 349	and street address idry Way 94	s of the principal office of the Limited Liability  Legistered Office, & Registered Agent's Sign	-	ıny is:	
The name and the Flo	orida street addre	ss of the registered agent are:	E.	03	
	Elfis Hyers			JAN	4
	#1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Name	. S.	¥28	z
	740 NW Buck Hendry Way		Little of Children Children		9
	Florida street address (P.O. Box NOT acceptable)				9
	Stuart	FI. 34994		ö	7.
-		City, State, and Zip	=======================================	23	
registered agent and statutes relating to ti	l agree to act in th he proper and con	ted in this certificate, I hereby accept the appoint is capacity. I further agree to comply with the purplete performance of my duties, and I am family as registered agent as provided for in Chapter 6	provisio iar with	ns of a and	ıII
		Registered Agent's Signature			
(Ar	additional article	e must be added if an effective date is requeste	đ)		
	Signature of a men	ther or an authorized representative of a member.			
	(In accordance with of this document of that the facts stated	h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury d herein are true.)			
	Ellis Hyers				
	***************************************	Typed or printed name of signee			
	\$ 25.00 De \$ 30.00 Ce	Filing Fees: ing Fee for Articles of Organization signation of Registered Agent rtified Copy (Optional) rtificate of Status (Optional)			