

# L03000030974

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000256889 4)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : PROSKAUER ROSE LLP  
Account Number : 074673001063  
Phone : (561) 995-4751  
Fax Number : (561) 241-7145

## LIMITED LIABILITY COMPANY

OPS Storage, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

03 AUG 19 PM 9:06  
SECRETARY OF STATE  
FALL 2008 OFFICE

RECEIVED  
03 AUG 19 PM 4:29  
DIVISION OF CORPORATION

8-20-08

H03000256889

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is OPS STORAGE LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 1500 W. Cypress Creek Road, Suite 409, Fort Lauderdale, FL 33309.

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Scott Brenner  
Name  
1500 W. Cypress Creek Road, Suite 409  
Florida street address  
Fort Lauderdale, FL 33309  
City, State, and 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, F.S.*

  
Registered Agent's 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.)

Scott Brenner, Member  
Typed or printed name of signer

**FILING FEES:**

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

5052/80042-020 BRWORD/16911 v1

8/19/2003 2:55:40 AM (25124)

H03000256889