L03000044257

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

J. BRYAN   NOV 1 3 2003

TRANSMITTAL LETTER

TO: Registration Section
             Division of Corporations

SUBJECT: _____ SAFEKEEP STORAGE, LLC _____
                          (Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____ CHRIS GRESSETT _____
                              (Name of Person)

_____ SAFEKEEP STORAGE, LLC _____
                              (Firm/Company)

_____ 3833 LANCEWOOD DRIVE _____
                              (Address)

_____ CORAL SPRINGS, FLORIDA 33065 _____
                          (City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS GRESSETT _____ at (954) 345-4041 _____
        (Name of Person)   (Area Code & Daytime Telephone Number)

STREET ADDRESS: MAILING ADDRESS:
Registration Section   Registration Section
Division of Corporations   Division of Corporations
409 E. Gaines Street   P.O. Box 6327
Tallahassee, Florida 32399   Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED 2003 NOV -6 PM 3: 10 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

SAFEKEEP STORAGE, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
SAFEKEEP STORAGE, LLC	SAFEKEEP STORAGE, LLC
3833 LANCEWOOD DRIVE	3833 LANCEWOOD DRIVE
CORAL SPRINGS, FLORIDA 33065	CORAL SPRINGS, FLORIDA 33065

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
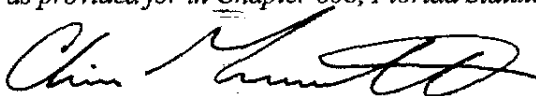
CHRIS GRESSETT
Name

3833 LANCEWOOD DRIVE
Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS, FLORIDA 33065
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, Florida Statutes..

Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM   CHRIS GRESSETT
3833 LANCEWOOD DRIVE
CORAL SPRINGS, FLORIDA 33065
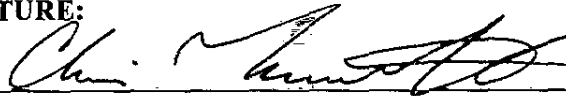
(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

CHRIS GRESSETT
Typed or printed name of signee

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)