

L04 0000 65102

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.

((H04000179132 3)))

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 : ANSBACHER & SCHNEIDER, PA  
Account Number : 072647001172  
Phone : (904) 296-0100  
Fax Number : (904) 296-2842

RECEIVED  
04 SEP - 1 AM 9:30  
DIVISION OF CORPORATIONS

04 SEP - 1 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LIMITED LIABILITY COMPANY

St. Johns Self Storage, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

~~XXXXXXXXXXXX~~

**ARTICLES OF ORGANIZATION OF  
ST. JOHNS SELF STORAGE, L.L.C.**

**ARTICLE I**

The name of this Limited Liability Company shall be St. Johns Self Storage, L.L.C., a limited liability company.

**ARTICLE II**

St. Johns Self Storage, L.L.C. shall have perpetual existence.

**ARTICLE III**

St. Johns Self Storage, L.L.C. is created to engage in any lawful act, business or activity for which limited liability companies may be formed under the laws of the State of Florida and to do any and all other things which are necessary, desirable or incidental to the foregoing purpose.

**ARTICLE IV**

The principal place of business of St. Johns Self Storage, L.L.C. shall be 4735 Sunbeam Road, Jacksonville, Florida 32257 and the mailing address shall be P.O. Box 551260, Jacksonville, Florida 32255 and such other place or places as the Member from time to time may determine.

The initial registered agent of St. Johns Self Storage, L.L.C. shall be Michael N. Schneider whose address is 5150 Belfort Road, Building 100, Jacksonville, Florida, 32256.

**ARTICLE V**

St. Johns Self Storage, L.L.C. will be managed by its Members.

IN WITNESS WHEREOF, these Articles of Organization have been duly executed.



Michael N. Schneider  
Authorized Representative

Michael N. Schneider  
Fl. Bar No. 166929  
P.O. Box 551260  
Jacksonville, FL 32255-1260  
(904) 296-0100

~~XXXXXXXXXXXX~~

FILED  
SEP - 1 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H04000179132 3

~~H04000179132 3~~

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the organization is St. Johns Self Storage, L.L.C., a Limited Liability Company.

The name and address of the registered agent and office is:

Michael N. Schneider  
5150 Belfort Road, Building 100  
Jacksonville, FL 32256

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.

Michael N. Schneider  
Michael N. Schneider, Registered Agent

August 30, 2004  
Date

**FILED**  
04 SEP - 1 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~H04000179132 3~~

H04000179132 3