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(Re	equestor's Name)	
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2005 JUN 29 PM 1: 13
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2007 AHASSEE, FLORIDA

BRYAN JUL - 5 2005

TRANSMITTAL LETTER

(Firm/Company) (Firm/Company) OR 10 No. 10	TO: Registration Section . Division of Corporations
Please return all correspondence concerning this matter to the following: Charles Santard (Name of Person) (Firm/Company)	SUBJECT: Treasure Coast Storage LLC (Name of Limited Liability Company)
Charles Soutond [Name of Person] Charles Soutond (Name of Person) (Firm/Company) RESULT TO THE Company (Firm/Company)	The enclosed Articles of Organization and fee(s) are submitted for filing.
(Name of Person) ASSET TO PRICE TO PRI	Please return all correspondence concerning this matter to the following:
(Firm/Company) (Firm/Company) OR 10 No. 10	Charles Soutond Fig. 7
P_{Z_i}	SEE, FL
P_{Z_i}	(Firm/Company)
(Address)	
Wero Beach FL 32963 (City/State and Zip/Code)	Wero Beach FL 32963 (City/State and Zip/Code)
For further information concerning this matter, please call:	For further information concerning this matter, please call:
Charles Sanford at 772 492 1695 (Name of Person) (Area Code & Daysime Telephone Number)	Charles Sanford at (772) 492 1695 (Name of Person) (Area Code & Daysime Telephone Number)
Enclosed is a check for the following amount:	Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee Certificate of Status ☐ \$130.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations	Registration Section Registration Section

409 E. Gaines Street Tallahassee, Florida 32399 P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:	WAS P	
Treasure Coast Sto	rage, (CC	
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
725 Share Drive Vero Beach, FL 32963	725 Showe Drive Vero Beach, FL 32963	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are: Charles Saward Name		
3003 Cardinal Drive, Suite B Florida street address (P.O. Box NOT acceptable)		
Vers Beach FL 32963 City, State, and Zip		
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	except service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Brace Watson 725 Shore Drive Vero Beach, Fl. 32963
<u> </u>	
MBRM	(Jalter Oliwa PO BOX 32 Seymour, Connecticut 06483 - 0032
(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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

VILLANDES FOR IN 13