# L05000069722

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	•
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	
A . 1 . 4	
CIFW	
Office Use Only	
1/5/1	, '



500055172925

07/15/05--01023--010 \*\*155.00

O5 JUL 15 PH 1: 46
SECRETARY OF STATE

### GRAY ROBINSON

**SUITE 600** 301 South Bronough St. (32301) POST OFFICE BOX 11189 CLERMONT TALLAHASSEE, FL 32302-3189 KEY WEST TEL 850-222-7717 LAKELAND TEL 850-577-9090 MELBOURNE FAX 850-222-3494 NAPLES FAX 850-577-3311 gray-robinson.com ORLANDO TALLAHASSEE TAMPA

kjusevitch@gay-robinson.com

July 15, 2005

Division of Corporations George Firestone Building 409 East Gaines Street Tallahassee, Florida 32301 Via Hand Delivery

To Whom It May Concern:

Enclosed for filing, please find the ARTICLES OF ORGANIZATION, along with a check in the amount of \$155.00 for the applicable filing fee and for a CERTIFIED COPY for the following entity:

#### ETECH STORAGE SOLUTIONS, LLC

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 577-9090, when the document is ready. Thank you for your assistance.

Sincerely,

Karen F. Jusevitch

Paralegal

/kfj Enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

#### ARTICLE I - Name:

The name of the Limited Liability Company is: eTech Storage Solutions, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 2343 Runyon Court, Orlando, Florida 32837

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

The name and the Florida street address of the registered agent are: Troy A. Kishbaugh, Esq. GrayRobinson, P.A. 301 East Pine Street, Suite 1400 Orlando, Florida 32801

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.

#### Article IV - Management (Check box if applicable.)

☑ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

ure of a member or an authorized representative of a

(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.)

> Troy A. Kishbaugh, Esq., as a member 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)