

LOS000100157

OCT-11-2005 10:30

P.01

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.**

((H05000240252 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 : JOSEPH M. BALOCCO, P.A.  
Account Number : I20000000147  
Phone : (954) 764-0005  
Fax Number : (954) 764-1478

**LIMITED LIABILITY COMPANY**

**Tallahassee Storage, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	014
Estimated Charge	\$160.00

Name Availability	
Document Examiner	DOC
Updater	DOC
Updater Verifier	C
Acknowledgement	DOC
W. P. Verifier	DOC

Electronic Filing Menu

Corporate Filing

Public Access Help

RECEIVED  
05 OCT 11 AM 11:25  
DIVISION OF CORPORATIONS

RECEIVED  
2005 OCT 11 A 8:51  
TALLAHASSEE STORAGE, LLC

H050002402523

**ARTICLES OF ORGANIZATION  
OF  
TALLAHASSEE STORAGE, LLC**

**ARTICLE I - NAME:**

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

**ARTICLE II - ADDRESS:**

The mailing address and the street address of the principal office of the Limited Liability Company is 3511 NE 22<sup>nd</sup> Avenue, Suite 350, Fort Lauderdale, Florida 33308.

**ARTICLE III - DURATION:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT:**

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

<u>Name</u>	<u>Address</u>
Arvid Albanese	3511 NE 22 <sup>nd</sup> Avenue Suite 350 Fort Lauderdale, FL 33308

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

**ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

H050002402523

H050002402523

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this \_\_\_\_ day of October, 2005.

  
 Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Arvid Albanese  
 Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Tallahassee Storage, LLC
2. The name and the Florida street address of the registered agent are:

Arvid Albanese  
 Name

3511 NE 22<sup>nd</sup> Avenue, Suite 350  
 Florida Street Address (P.O. Box NOT acceptable)

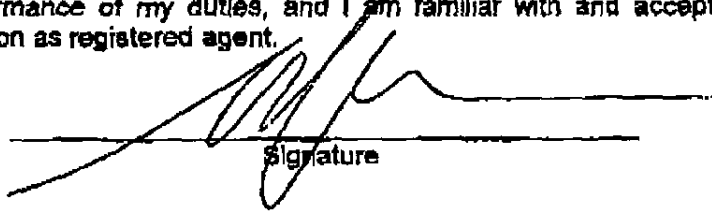
Fort Lauderdale, FL 33308  
 City, State and Zip Code

OCT 11 2005  
 11:50 AM  
 TALLAHASSEE  
 SECRETARY OF STATE

H050002402523

HD50002402523

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.

  
Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 OCT 11 A 8:51

FILED

TOTAL P.04

HD50002402523