

**L05000108820**

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.**

((H05000260287 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 : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV -9 AM 8:45

APPROVED  
AND  
FILED

RECEIVED  
05 NOV -9 AM 7:39  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

Midway Mini-Storage, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu

Corporate Filing

Public Access Help

11/10/05

((H05000260287 3)))

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Midway Mini-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:**

14311 SE 128th Street

Ocklawaha, FL 32179

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

The name and the Florida street address of the registered agent are:

Jennifer Overcash

Name

14311 SE 128th Street

Florida street address (P.O. Box NOT acceptable)

Ocklawaha

FLORIDA 32179

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.*

By: Jennifer Overcash

Registered Agent's Signature

Page 1 of 2  
(CONTINUED)

((H05000260287 3)))

RECEIVED  
TALAHASSEE, FLORIDA

05 NOV -9 AM 10:45

APPROVED  
AND  
FILED

(((H05000260287 3)))

**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

Jennifer Overcash

14311 SE 128th Street

Ocala, FL 32179

(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 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jennifer Overcash

Typed or printed name of signer

**Filing Fees**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 1.00 Certificate of Status (Optional)

(((H05000260287 3)))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV -9 AM 8:45

APPROVED  
AND  
FILED