## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Extra Space of Venice LLC

| Certificate of Status | 2        |
|-----------------------|----------|
| Certified Copy        | 2        |
| Page Count            | 03       |
| Estimated Charge      | \$195.00 |

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## ARTICLES OF ORGANIZATION FOR FLORI

|   | OR FLORIDA LIMITED LIABILITY COMPANY   |
|---|--|
| ARTICLE I - Name:   |  |
| The name of the Limited Liability Comp  | pany is:   |
| EXTRA SPACE OF VENICE LLC   |  |
| (Must end with the words "Limited Liability Compan  | ny, "Limited Company" or their abbreviation "LLC," or "L.C.")  |
| ARTICLE II - Address:<br>The mailing address and street address of  | of the principal effice of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:   |
| 2795 E COTTONWOOD PKWY 400  | 2795 E COTTONWOOD PKWY 400   |
| SALT LAKE CITY, UT 84121  | SALT LAKE CITY, UT 84121   |
| CTC   | Corporation System Name  |
|   | outh Fine Island Road  |
|   | street address (P.O. Box <u>NOT</u> acceptable)  |
|   | ation. Florida 33324<br>7, Stata, and Zip  |
| Having been named as registered agent liability company at the place designaregistered agent and agree to act in this estatutes relating to the proper and compacted the obligations of my position  CT C | and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, Fig.  Corporation System  's Signature (REQUIRED) |
|   | DNTINUED)  |

01/09/2006 12:04

| ARTICLE IV- M | lanager(s) or | Managing | Member | <b>a</b> ): |
|---------------|---------------|----------|--------|-------------|
|---------------|---------------|----------|--------|-------------|

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

| <u>Title:</u><br>"MGR" = Manager       | Name and Address:                                    |
|--|--|
| "MGRM" = Managing Member               |  |
| MGR                                    | CHARLES L. ALLEN                                     |
| <del>-</del>                           | 2795 E. COTTONWOOD PKWY 400                          |
|  | SALT LAKE CITY, UT 84121                             |
| MGR_                                   | KENT W. CHRISTENSEN                                  |
|  | 2795 E. COTTONWOOD PKWY 400                          |
|  | SALT LAKE CITY, UT 84121                             |
|  |  |
| (Use attachment if necessary)          |  |
| LEV: Effective date, if other than th  | te date of filing: (OPTIONA                          |
| ffective date is listed, the date must | be specific and cannot be more than five business da |
| D days after the date of filing.)      |  |

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 affarmation under the penalties of perjury that the facts stated herein are true.)

DAVE RASMUSSEN, JR. AUTHORIZED REPRESENTATIVE Typed or printed name of signes

Filing Fees:

\$1,25.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 39.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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