## L0600054561

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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ON MAY 25 PM 2: 15

W06-23240

B. McKnight MAY 2 6 2006

## **COVER LETTER**

TO:	Registration Sec Division of Co			
SUBJE	CT: Top Sh	elf Storage II, LLC		
		(Name of Limite	d Liability Company)	
The en	closed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Lee A Sage	<b>3</b>		
		(	Name of Person)	
	Top Shelf S	Storage II, LLC		
		(	Firm/Company)	
	PO Box 6	11512		, ,
			(Address)	
	Rosemary	Beach, FL 32461		
		(City	/State and Zip Code)	<del></del>
For fur	ther information	concerning this matter, please	call:	
Lee A	\ Sage		at ( 850 ) 890.258	9
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclos	ed is a check fo	or the following amount:		
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



May 19, 2006

LEE A SAGE PO BOX 611512 ROSEMARY BEACH, FL 32461

SUBJECT: TOP SHELF STORAGE II, LLC

Ref. Number: W06000023240

We have received your document for TOP SHELF STORAGE II, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Letter Number: 906A00035319

Becky McKnight Document Specialist New Filing Section

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company	y is:
Top Shelf Storage II, LLC	
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
105 Estes Place	122 Hopetown Lane
Beach Commerce Park	
Panama City Beach,FL 32413	
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
N	ame
122 Hopetown Lane	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
Rosemary Beach	FL 32461
City, St	ate, and Zip
Having been named as registered agent and	d to accept service of process for the above stated limited

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..

Registered Agent's Signature (KEQ JIRED)

(CONTINUED) Page 1 of 2 06 MAY 26 PM 2: 15

## 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	Name and Address:
"MGRM" = Managing Member	r .
MGRM Top Shelf Storage 1	122 Hopetown Lane
<del></del>	Rosemary Beach, FL 32461
Keith Flippo MGR	66 Bridgetown Ave
	Rosemary Beach, FL 32461
Dr. Frederick Henney-MGR	802 East Ohio St
	Monticello, Indiana 47960
Shane Hicks	72 Atticus Road
	Rosemary Beach, FL 32461
	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a	member or an authorized representative of a member.
	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury

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)

Lee A Sage

that the facts stated herein are true.)

Page 2 of 2

Typed or printed name of signee