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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124

Fax Number : (800)494-3124 Fax Number : (305)675-2811

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### N. E. Florida Overhead Storage, LLC

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is: N. E. Florida Overhead Storage, LLC

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

725.\$ Lilac Loop

Jacksonville, FL 32259

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

ATA REGISTERED AGENTING.

92 SADBERRY ROAD

QUINCY FL 32351

Having been named as registered agent 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...

<u>Lu</u> J y hu

A1A REGISTERED AGENT INC. / Registered Agent's

#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

SECRETAR OF LOCAL SECRETAR OF

: FFF 581 000FOH

PAGE 2

N. E. Florida Overhead Storage, LLC

#### ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

Thomas A. Combs

10481 Howling Coyote Ave

Las Vegas Nevada 89135

MANAGING MEMBER:

Thomas C. Wilson, Jr.

725 S Lilac Loop

Jacksonville, FL 32259

MANAGING MEMBER:

Anita D. Combs

10481 Howling Coyote Ave

Las Vegas Nevada 89135

MANAGING MEMBER:

Danielle Wilson

725 S Lilac Loop

Jacksonville, FL 32259

x homas a combo

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

Thomas A. Combs

Typed or printed name of signee