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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : GREENE, DONNELLY & SCHERMER
Account Number : 104075002246
Phone : (941)747-3025
Fax Number : (941)747-6937

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Binghamton Storage, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$160.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

H07000223931 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Binghamton Storage, LLC

ARTICLE II - Address:

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

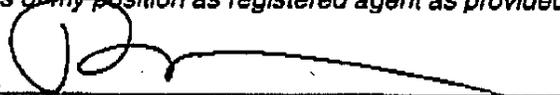
5306 Cortez Road West
Suite 4
Bradenton, Florida 34210

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

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

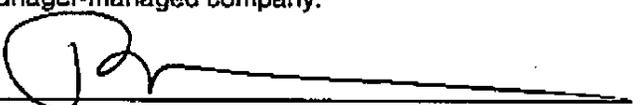
Robert F. Greene
Greene & Schermer
1301 Sixth Avenue West, Suite 400
Bradenton, Florida 34205

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 property 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.


SIGNATURE

**ARTICLE IV - Management:
(Check box if applicable)**

The Limited Liability company is to be managed by one manager or more managers and is, therefore, a manager-managed company.


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.)

Robert F. Greene
Typed or printed name of signee

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