

LO7000117320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten Signature]*

Office Use Only



300111626223

11/26/07--01002--008 \*\*155.00

RECEIVED  
07 NOV 21 PM 4:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 NOV 21 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK 11/26

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/21/07

REF. #: 001641.77673

CORP. NAME: CORSOTO STORAGE ASSOCIATES, LLC

FILED  
07 NOV 21 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 523722 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR CORSOTO STORAGE ASSOCIATES, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Corsoto Storage Associates, LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office is 46 North Washington Boulevard, Suite 1, Sarasota, Florida, 34236.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE**

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

LPS CORPORATE SERVICES, INC.  
46 North Washington Boulevard, Suite 1  
Sarasota FL 34236

*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.*

  
JOHN PATTERSON, President

**FILED**  
07 NOV 21 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### ARTICLE IV - MANAGEMENT

The limited liability company is to be managed by one (1) or more managers and is, therefore, a manager-managed company. The name and address of the initial manager is StorCon Development, LLC, 2106 Bispham Road, Suite B, Sarasota, FL 34231.

Dated: November 21, 2007

  
\_\_\_\_\_  
JOHN PATTERSON  
Authorized Representative of a Member