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EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 SAMIN IN PH 3: 15 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: RICKY SOTO** DATE: 05/14/2008 **REF. #:** RA2406.86822 CORP. NAME: 2GUYS STORAGE, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP (XX) LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 1776063 FOR \$ 155.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$ PLEASE RETURN: () CERTIFIED COPY (XX) PLAIN STAMPED COPY () CERTIFICATE OF GOOD STANDING (XX) CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Direct S. L.		
ARTICLE 1 - Nam		<i>o</i> .
The name of the Lir	mited Liability Company is:	ity Company, "L.L.C.," or "LLC.")
2Guys Storage	e, LLC	
(Mus	st end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Ado	dress:	· بن بن الله الله الله الله الله الله الله الل
		rincipal office of the Limited Liability Computny is
tion the time to the time to	with the contest of the pr	The part of the families is a said of the families of the fami
Principal Office A	ddress:	Mailing Address:
175 Spring Lake Hills Driv	ve	175 Spring Lake Hills Drive
Altamonte Springs, FL 32	2714	Altamonte Springs, FL 32714
(The Limited Liability Con		Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the F	lorida street address of the r	egistered agent are:
• •	CorpDirect Agents	s, Inc.
•	Name	o, lic.
	Name	
	515 East Park Ave	enue
•		lress (P.O. Box NOT acceptable)
	Tallahassee	FI 32301
	City, State, a	ınd Zip

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. Thereby 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..

Assistant Secretary

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

	Name and Address:
er iging Momber	
ignig (viennoci	
	Brian A. Pelski
	175 Spring Lake Hills Drive
	Altamonte Springs, FL 32714
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are if also than t	the date of filing: May 12, 2008 (OPTIO
aic, ii omer man n od the date must	st be specific and cannot be more than five business
te of filing.)	it is a property and cannot be those than the parameters
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12	Man H. Holen
Signature of a mem	mber or an authorized representative of a member.
	•
	h section 608.408(3), Florida Statut

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)

that the facts stated herein are true.)

BRIAN A. PELSA!

Typed or printed name of signee