

L08000105806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

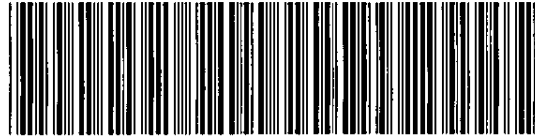
(Business Entity Name)

(Document Number)

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

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11/13/08--01012--020 \*\*155.00

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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 NOV 13 PM 1:45

TALLAHASSEE, FLORIDA

B. KOHR

NOV 13 2008

EXAMINER

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

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      ASHLEY SMITH

**DATE:**            11-13-2008

**REF. #:**           001641.95479

**CORP. NAME:**   HILLSBOROUGH STORAGE ASSOCIATES, LLC

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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#** 528 248 **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 HILLSBOROUGH STORAGE ASSOCIATES, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Hillsborough 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

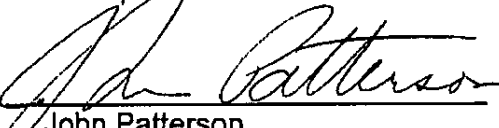
**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE**

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.

LPS CORPORATE SERVICES, INC.,  
a Florida corporation

By:   
John Patterson  
Its President

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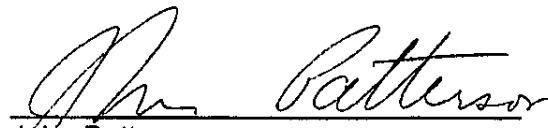
#### **ARTICLE IV - MANAGEMENT**

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.

#### **ARTICLE V — LIMITATION ON AGENCY AUTHORITY OF MEMBERS:**

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: November 12, 2008

  
\_\_\_\_\_  
John Patterson  
Authorized Representative of a Member