

U11000055053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

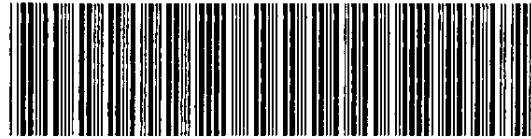
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/09/11--01046--008 **155.00

T. CLINE

MAY 10 2011

EXAMINER

2011 MAY -9 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AMERICAN STORAGE BY MAIL, LLC

126 KINGS POINT RD.

TAMPA, FL 33615

May 4, 2011

State of Florida

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Dear Sir/Madam,

Enclosed you will find the original copy of the articles of a new LLC with a title.

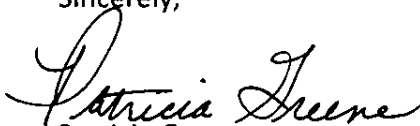
The title of the new company is AMERICAN STORAGE by MAIL, LLC.

Also enclosed is a check for the necessary filing fees in the amount of \$155.00,

Included is the fee for a certified copy to be returned to us.

Thank you for your assistance in this matter.

Sincerely,


Patricia Greene

Registered Agent

American Storage by Mail, LLC

2011 MAY -9 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I • Name:

The name of the Limited Liability Company is:

AMERICAN STORAGE BY MAIL, LLC

ARTICLE II • Address:

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

126 Kings Point Rd.
Tampa, Florida 33615

ARTICLE III • Registered Agent, Registered Office, & Registered Agent's

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

Name: **PATRICIA GREENE**

Florida street address (P.O. Box **NOT** acceptable): 126 Kings Point Rd.

City, State, and Zip: Tampa, Florida 33615

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.


Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee

PATRICIA GREENE

Filing Fees'

\$100.00 Filing Fee for Articles of
Organization **\$25.00** Designation of
Registered Agent **\$ 30.00** Certified
Copy (Optional)
\$ 5.00 Certificate of Status (Optional)


PATRICIA GREENE

2011 MAY -9 PM 1:05
SECRETARY OF STATE
TAMPA, FLORIDA

FILED