

L11000067467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

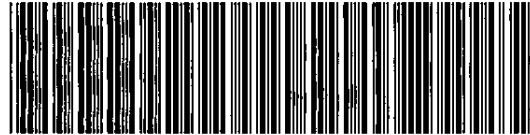
Special Instructions to Filing Officer:

A. LUNT

JUN -9 2010

EXAMINER

Office Use Only



900208385059

900208385059  
06/07/11--01016--022 \*\*130.00

SHERIFF OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN -7 AM 11:11

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Self Storage 2nd Ave Miami, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norman Schulman

Name of Person

Firm/Company

12375 W. Sample Rd

Address

Coral Springs, FL 33065

City/State and Zip Code

nschulman@sentry-selfstorage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norman Schulman

Name of Person

at ( 561 ) 477-4165

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED

2011 JUN -7 AM 11:11  
STATE OF FLORIDA  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Self Storage 2nd Ave Miami, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

3300 NE 2nd Ave  
Miami, FL 33137

#### Mailing Address:

12375 W Sample Rd  
Coral Springs, FL33065

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Norman Schulman

Name

6489 NW 65 Way

Florida street address (P.O. Box NOT acceptable)

Parkland

FL 33067

City, State, and 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, 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 (REQUIRED)

(CONTINUED)

FILED  
2011 JUN -7 AM 11:11  
TALLAHASSEE, FL 32303  
CLERK OF STATE

FILED

2011 JUN -7 AM 11:11

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Norman Schulman  
12375 W. Sample Rd  
Coral Springs, FL 33065

MGRM

Richard Yonis  
12375 W. Sample Rd  
Coral Springs, FL 33065

MGRM

Alexander Rosemurgy II  
1201 E. Hillsboro Blvd  
Deerfield Beach, FL 33441

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6-3-2011 . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Norman Schulman

Typed or printed name of signee

**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)**