L12000/07391

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

APPROVEU AND FILED

D. BRUCE

AUG 2 1 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sunshine State Storage	e, LLC		
CCDCC1.	d Liability Company		
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Lawrence T. Restieri			
	Name of Person		
	Firm/Company		
PO Box 2697	Address		
Alachua, FL 32616	TALL	12	
	State and Zip Code	2 AUG 20	
spines01@yahoo.com	State and Zip Code IASSI	20	=
E-mail address: (to be used for	r future annual report notification)	À	
For further information concerning this matter, please of	r future annual report notification)	VH 10: 3	
	at (352) 514-4404	Ġ)	
Name of Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:	i		
\$125.00 Filing Fee \$\int \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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		

APPROVE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Α	RT	ICI	.E. 1	[_]	Na	me

The name of the Limited Liability Company is:

Sunshine State Storage, 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:	Mailing Address:
Highway 41	PO Box 2697
Lake City, FL 32024	Alachua, FL 32616
	<u>~</u>
	Nome 5 CO Z
11 Tanglewoo	
Florida str	eet address (P.O. Box NOT acceptable)
Palm Coast,	_{FL} 32137
C	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)

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:

MGRM	Lawrence T. Restieri	
	15506 NW 48th Place	
	Alachua, FL 32615	
(Use attachment if necessary)		
LE V: Effective date, if other than	the date of filing:	. (OPTIONA
fective date is listed, the date mus	st be specific and cannot be more than five	business day

STOTHIT CRE.

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.)

Lawrence T. Restieri

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)

SECRETARY OF STATE TALL AHASSEE, FI OBID.

APPROVEU AND FILED