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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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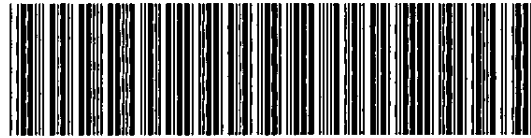
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WEBBER, HINDEN, McLEAN & ARBEITER

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

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November 7, 2012

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

RE: West Storage, LLC
Our File No: E-9200

Dear Sir or Madam:

Enclosed please find the following:

1. Our law firm trust account check in the amount of \$125.00; representing \$100.00 for filing the enclosed Articles of Organization of West Storage, LLC; and \$25.00 for the Registered Agent Fee;
2. An original and a copy of the Articles of Organization of West Storage, LLC; and
3. A stamped pre-addressed envelope for returning a file-stamped copy of the Articles of Organization.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Jon A. Hinden, Esquire

JAH/gki
Enclosures

ARTICLES OF ORGANIZATION OF
WEST STORAGE, LLC
A FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:

West Storage, LLC

ARTICLE II – Address:

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

1100 International Parkway
Sunrise, FL 33323

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jon A. Hinden, Esquire
4430 Southwest 64th Avenue
Davie, Florida 33314

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, Florida Statutes.

By: _____
Jon A. Hinden, as
Registered Agent

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

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

Title:

Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

MGR

Diane E. Holtz
1100 International Parkway
Sunrise, FL 33323

MGRM

Charles E. West, Jr.
1100 International Parkway
Sunrise, FL 33323

Required Signatures:

By: _____

Signature of member or an authorized
representative of a member

11/5/12

By: Diane E. Holtz

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(In accordance with §608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)