## 

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000083712 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516) 935-3940 Fax Number : (800)293-4075

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FLORIDA LIMITED LIABILITY CO.

Gator City Storage LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

APR - 9 2013

H14000083712

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Gato	or City Storage LLC
(Must end with the v	vords "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:	Malling Address:
12953 N. Main Street	344 Broward Road
ARTICLE III - Registered Agent, Regis The Limited Liability Company cannot s	Jacksonville, FL 32218  stered Office, & Registered Agent's Signature: erve as its own Registered Agent. You must designate an
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot semother business entity with an active Flo	stered Office, & Registered Agent's Signature: erve as its own Registered Agent. You must designate an rida registration.)
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ARTICLE III - Registered Agent, Registered Agent	stered Office, & Registered Agent's Signature: erve as its own Registered Agent. You must designate an rida registration.)  If the registered agent are:  OCK  Name  Road

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 605, F.S..

Registered Agent's Simature (REQUIRED)

Grady Braddock

(CONTINUED)

Page 1 of 2

2014 APR -8 AM 8: 01

SECRETARY OF SIME

H14000083712

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Grady Braddock
	344 Broward Road
	Jacksonville, FL 32218
AMBR	Patty Braddock
	344 Broward Road
	Jacksonville, FL 32218
(Use attachment if necessary)	
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