## LISOOGGINGEL

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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
ALLAHASSEE, FLORID

## **COVER LETTER**

Division of Corpor			
SUBJECT: Ste	orage S.	ervices, LLC mited Liability Company	
	Name of Lir	nited Liability Company	
The enclosed Articles of Org	anization and fee(s) a	re submitted for filing.	
Please return all corresponde	nce concerning this m	atter to the following:	
Mich	nael DAP	Name of Person	
		Firm/Company	<del> </del>
194	16 Tyler	St.	· · · · · · · · · · · · · · · · · · ·
Ho	llywood	Address  FL 33020  City/State and Zip Code	
Gr.	over 2217 ail address: (to be use	City/State and Zip Code  @ gmail. Com  d for further annual report notifica	tion)
For further information conce	erning this matter, plea	ase call:	
Michael Day Name of Po	erson at (_		ephone Number
Enclosed is a check for the fo	ollowing amount:		
	30.00 Filing Fee & ertificate 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 Ac Registration		Street/Courier Addr Registration Section	<u>ress</u>

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Storage Services (Must end with the words "Limited	S LLC d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1946 Tyler St.	1946 Tyler St
Hollywood FL 33020	1946 Tyler St Italizmond FL 33020
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	d agent are:
INCORP Service	S, INC
17888 67 CH Florida street address (P.O. Bo	
Florida street address (P.O. Bo	x NOT acceptable)
Loxahatchee	FL 33470
Loxahatcher City	Zip
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob	ervice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S  - OBO Tuck / P. Service . The atture (REQUIRED)
Page 1 of	2 SE 6 P
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(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  Signature of a frember or an authorized representative of a member.  (If accordance with section 605.0203 (1) (b), 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 at third degree felony as provided for in s.817.155, F.S.)  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  Ol 09/15  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNAPURE:  (In accordance with section 605.0203 (1) (b), 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.)  Appendix Piling Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	"MGR" = Manager	
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ARTICLE IV-