

L1500 00P0476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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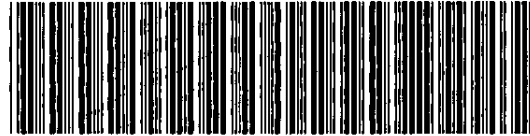
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
HALL AND STICK LONDON

J. Stivers MAY 07 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Storage Solutions Southeast, 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:

Robert S. Hughes III

Name of Person

Storage Solutions Southeast, LLC

Firm/Company

709 Tropic Hill Drive

Address

Altamonte Springs, Florida 32701-3655

City/State and Zip Code

rshughes.storage@gmail.com

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

For further information concerning this matter, please call:

Robert S. Hughes III	407	260-1140
Name of Person	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 Address**

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 Solutions Southeast, 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:

709 Tropic Hill Drive

Altamonte Springs, FL 32701-3655

Mailing Address:

709 Tropic Hill Drive

Altamonte Springs, FL 32701-3655

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:

Robert S. Hughes III

Name

709 Tropic Hill Drive

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

Altamonte Springs

Florida


32701-3655

City

State

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 605, F.S..*

 (RSI)  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

~~MGR~~ AMBR (RSI)

~~AMBR~~ MGR (RSI)

~~AMBR~~ MGR (RSI)

**Name and Address:**

Robert S. Hughes III  
709 Tropic Hill Drive  
Altamonte Springs, Florida 32701-3655

Robert S. Hughes IV  
709 Tropic Hill Drive  
Altamonte Springs, Florida 32701-3655

Richard Scott Hughes  
709 Tropic Hill Drive  
Altamonte Springs, Florida 32701-3655

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 1, 2015 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Robert S. Hughes III (RSI)  
Signature of a member or an authorized representative of a member.  
(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.)

Robert S. Hughes III

Typed or printed name of signer

**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)

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15 MAY -1, PM 12:54  
SECRETARY OF STATE  
ALTIMONTE SPRINGS, FLORIDA