

L15000/05808

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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

Email Address: Coffmane@gtlaw.com

**FLORIDA LIMITED LIABILITY CO.
MY STORAGE BIN LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
MY STORAGE BIN LLC
(a Florida Limited Liability Company)**

ARTICLE I

The name of the limited liability company is **MY STORAGE BIN LLC** (the "Company").

ARTICLE II

The street and mailing address of the Company's principal office is 1902 Avenue K, Brooklyn, New York 11230.

ARTICLE III

The name of the initial registered agent of the Company is Eric Coffman, Esq. and the street address of the Company's initial registered agent is 401 East Las Olas Boulevard, Suite 2000, Fort Lauderdale, Florida 33301.

These Articles of Organization are hereby executed by the undersigned Authorized Representative of the Company.

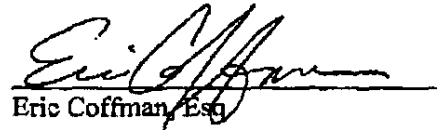

Julie C. Morgan, Esq.
Authorized Representative

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Acceptance of Appointment of Registered Agent

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.


Eric Coffman, Esq

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