

Jul. 29. 2015 10:59AM

Division of Corporations

Gray Robinson

0469

P. 1/3

Page 1 of 1

H15000183667 3

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000183667 3)))



H150001836673ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.  
Email Address: misha@nuvocompany.com

FLORIDA LIMITED LIABILITY CO.  
Bakery Square Self Storage, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H15000183667 3

RECEIVED

15 JUL 29 AM 11:08

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 29 AM 9:23

FILED

H15000183667 3

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

BAKERY SQUARE SELF STORAGE, LLC

**ARTICLE II**  
**Address**

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

288 North Park Avenue  
Winter Park, FL 32789

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one.

The name and address of the initial manager of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Gary Cardamone	288 North Park Avenue Winter Park, FL 32789

FILED  
15 JUL 29 AM 9:23  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

H15000183667 3

**ARTICLE V****Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Gary Cardamone  
288 North Park Avenue  
Winter Park, FL 32789

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in C*

**AGENT'S SIGNATURE**

*Chapter 605, Florida Statutes.*

  
\_\_\_\_\_  
**REGISTERED**

*In accordance with Section 605.020(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 in Section 817.155, Florida Statutes.*

  
\_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE'S SIGNATURE**

Gary Cardamone, Authorized Representative

Type or printed name of signee

**FILED**  
15 JUL 29 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA