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Florida Department of State  
Division of Corporations  
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From:

Carrie Ramos, FRP PLEASE FAX CONFIRMATION TO 407 244-5690  
Account Name : GRAYROBINSON, P.A. - ORLANDO  
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Email Address: amoore@libertyprop.com

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Liberty Storage Orlando Millenia GP, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

Liberty Storage Orlando Millenia GP, LLC

**ARTICLE II**  
**Address**

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

834 Highland Avenue  
Orlando, FL 32803

**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 less than one.

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

<u>Name</u>	<u>Street Address</u>
Wm. Michael Mikkelson	834 Highland Avenue Orlando, FL 32803

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

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

Wm. Michael Mikkelson  
834 Highland Avenue  
Orlando, Florida 32803

*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, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs 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 SIGNATURE**



**AUTHORIZED REPRESENTATIVE'S SIGNATURE**

(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.)

**WM. MICHAEL MIKKELSON, AUTHORIZED REPRESENTATIVE**

Type or printed name of signee

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TALLAHASSEE, FLORIDA