

Division of Corporations

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L17000038106

Florida Department of State
Division of Corporations
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Account Name : LYONS & LYONS, P.A.
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Phone : (239)948-1823
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Email Address: dwhittaker@cinci.rr.com

**FLORIDA LIMITED LIABILITY CO.
MAGNOLIA STORAGE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. BURCH
FEB 21 2017

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**ARTICLES OF ORGANIZATION
OF
MAGNOLIA STORAGE, LLC**

ARTICLE I – NAME

The name of the limited liability company is Magnolia Storage, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:

2082 Gulf Shore Blvd., N., No. 310
Naples, Florida 34102

Mailing Address:

2082 Gulf Shore Blvd., N., No. 310
Naples, Florida 34102

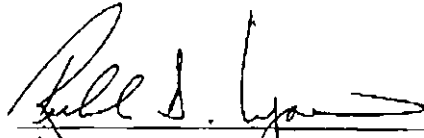
**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

David Whittaker
2082 Gulf Shore Blvd., N. No. 310
Naples, Florida 34102

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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.



Richard D. Lyons, as attorney-in-fact
for David Whittaker

ARTICLES OF ORGANIZATION OF MAGNOLIA STORAGE, LLC

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

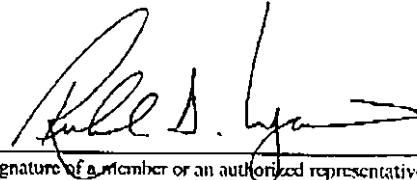
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Naples, Florida 34102

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ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be February 21, 2017.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Richard D. Lyons

Typed or printed name of signee