

Mar. 5. 2018 1:27PM

GRAY ROBINSON

No. 0099 P. 1

3/5/2018

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From: Carrie Ramos, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO
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Email Address: dmoore@libertyprop.com

FLORIDA LIMITED LIABILITY CO.

Liberty Storage Jacksonville San Marco GP, LLC

Certificate of Status	0
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Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

Liberty Storage Jacksonville San Marco 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, Florida 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, Florida 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