

L18000099739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

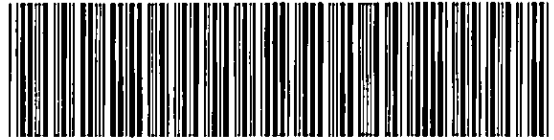
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LLC

1. **Tri-Angle Storage, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
TRI-ANGLE STORAGE, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is "TRI-ANGLE STORAGE, LLC".

**ARTICLE II — Address:**

Mailing Address      P.O. Box 937  
                                 Lake Alfred, FL 33850

Street Address:      140 North Penn Avenue  
                                 Lake Alfred, Florida 33850

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**ARTICLE III — Registered Agent and Registered Office**

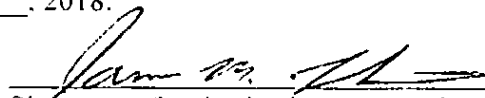
The name and the Florida street address of the initial registered agent are:

James M. Shinn  
140 North Penn Avenue  
Lake Alfred, Florida 33850

**ARTICLE IV — Operating Agreement**

Any Operating Agreement (as defined in Section 605.0102(45) of the Florida Revised Limited Liability Company Act), relating to this Limited Liability Company must be in writing and signed by all of the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 23 day of Apr. 1, 2018.

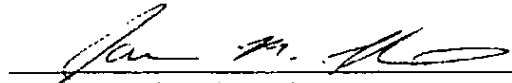
  
\_\_\_\_\_  
Signature of authorized representative  
JAMES M. SHINN  
\_\_\_\_\_  
Typed or printed name of signee

(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 Section 817.155, F.S.)

## STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(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 Section 817.155, F.S.)

  
\_\_\_\_\_  
Signature of Registered Agent  
JAMES M. SHINN  
\_\_\_\_\_  
Typed or printed name of signee

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