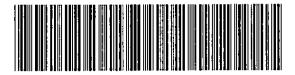
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500				
ACCOUNT NO. : I2000000195				
REFERENCE : 951284 149697A				
AUTHORIZATION: Squelle Man				
COST LIMIT : \$ 130.00				
ORDER DATE: October 10, 2019				
ORDER TIME : 1:43 PM				
ORDER NO. : 951284-015				
CUSTOMER NO: 149697A				
DOMESTIC FILING				
NAME: CONDEV STORAGE INVESTORS 301, LLC				
EFFECTIVE DATE:				
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Amanda Robinson - EXT.				
EXAMINER'S INITIALS:				

COVER LETTER

TO:	New Filing Section Division of Corporations				
SHRH	Condev Storage Investors 301, L	LC			
3000	SUBJECT: Name of Limited Liability Company				
The end	closed Articles of Organization and fee	s) are submitte	I for filing.		
Please i	cturn all correspondence concerning th	is matter to the	following:		
	Robert Gardner				
		Name of	f Person		
	Condev				
	Firm/Company				
	1353 Palmetto Avenue, Suite 200				
		Addı	ess		
	Winter Park, FL 32789				
	bobbyg@condevfl.com	City/State an	d Zip Code		
	E-mail address: (to be u	ised for future a	nnual report notification)		
For furthe	r information concerning this matter, pl	lease call:			
	Bobby Gardner	407	679-1748		
	Name of Person		Daytime Telephone Number		
Enclosed	l is a check for the following amount:				
]\$ 125.00	Filing Fee \$130,00 Filing Fee & Certificate of Status	└──Certific	© Filing Fee & \$160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Condev Storage Investors 301, LLC (Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1353 Palmetto Avenue, Suite 200	1353 Palmetto Avenue, Suite 200
Winter Park, FL 32789	Winter Park, FL 32789
	_
	egistered Agent's Signature:

Name

1353 Palmetto Avenue, Suite 200

Florida street address (P.O. Box NOT acceptable)

Winter Park FL 32789

City State Zip

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 of registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2815 OCT 10 PH 1: 16

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Robert Gardner 1353 Palmetto Avenue, Suite 200 Winter Park, FL 32789 MGR Andrew Gardner 1353 Palmetto Avenue, Suite 200 Winter Park, FL 32789 MGR Peter Gardner 1353 Palmetto Avenue, Suite 200 Winter Park, FL 32789 MGR Christopher Gardner 1353 Palmetto Avenue, Suite 200 Winter Park, FL 32789 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

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.

Robert Gardner

Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)