

10/13/2020

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 Florida Department of State
 Division of Corporations
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Division of Corporations
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Account Name : GRAYROBINSON, P.A. - ORLANDO
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Email Address: NORA.MILLER@GRAY-ROBINSON.COM

FLORIDA LIMITED LIABILITY CO.
SHSB 466, LLC

Certificate of Status	0
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Page Count	03
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D. C. WHITE

OCT 15 2020

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
Name

The name of this Limited Liability Company is SHSB 466, LLC.

ARTICLE II
Address

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

16701 Collins Avenue
Sunny Isles Beach, FL 33160

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more 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>
Wildwood Storage, LLC	16701 Collins Avenue Sunny Isles Beach, FL 33160

ARTICLE IV
Registered Agent, Registered Office & Registered Agent's Signature

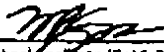
The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael Spellman
16701 Collins Avenue
Sunny Isles Beach, FL 33160

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.

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Michael Goodman (Oct 8, 2020 18:17 EDT)

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.)

NORA MILLER, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA