Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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FLORIDA LIMITED LIABILITY CO. THE STORAGE SYSTEMS LLC

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Corporate Filing Menu

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COVER LETTER

Div	ision of Corporations			
SUBJECT:	THE STORAGE SYSTEMS LLC			
2.1.7.2	Name of Li	mited Liability	y Company	
The enclose	d Articles of Organization and fee(s) a	are submitted f	or filing.	
Please return	n all correspondence concerning this r	natter to the fo	llowing:	
	HOWARD B NADEL			
•		Name of f	rerson	
	HOWARD B. NADEL, P.A.			
		Firm/Cor	npany	
	301 W. HALLANDALE BEACH B	LVD		
	 -	Addre	·ss	
	HALLANDALE BEACH, FLORID			
	HNADEL@RNFLAW.COM	City/State and	d Zip Code	
-	E-mail address: (to be us	sed for future a	nnual report notification)	
For further in	nformation concerning this matter, ple	sase call:		
	HOWARD NADEL	954	455-5100	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed i	s a check for the following amount:			
\$125.00 F	iling Fee 5130.00 Filing Fee & Certificate of Status	LCertifi	oo Filing Fee & S160.00 Filing Fee & Certificate of Certificate of Certificate (additional co	of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tullubussee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	25 PN 4:52

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE 1 - Name:				
The name of the Limited Liability Compan	y is:			
THE STORAGE SYSTEMS L	LC			
(Must contain the wo	rds "Limited I	Liability Comp	any, "L.L.C.," or "LLC.")	 -
ARTICLE II - Address: The mailing address and street address of t	he principal o	ffice of the Lim	ited Liability Company is:	
Principal Office	Add <u>ress</u> :		Mailing Ac	ddress:
9255 Doheny Road			9255 Doheny Road	
Apt. 1006			Apt. 1006	
West Hollywood, California 90	0069	- .	West Hollywood, Californ	nia 90069
301 W		L, P.A. Name ALE BEACH E s (P.O. Box NO		-
		` _		
HALL		ACH Florida	33009	-
	City	State	Zip	
iaving been named as registered agent and slace designated in this certificate, I hereby a larther agree to comply with the provisions a sm familiar with and accept the obligations of the configurations of the configurat	accept the app of all statutes re of my position	oinuhent as reg etating to the pr and objected a	istered agent and agree to oper and complete perform tenf as provided for in Cha hature (REQUIRED)	act in this capacity. I nance of my duties, and I

14 P

litte:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Dt APR CHALL
MGR	BLAKE GROLL 9255 Doheny /Road, Apt. 1006
	West Hollywood, California 90069
	And the state of t
	
<u> </u>	
Use attachment (finecessary)	
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filing.) the date inserted in this block does to ent's effective date on the Departm VI: Other provisions, if any, in any and all lawful business per	nitted under the laws of the United States and the State of Florida
filing.) the date inserted in this block does to ent's effective date on the Departm VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will ment of State's records. mitted under the laws of the United States and the State of Florida
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