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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:				

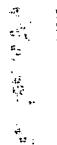
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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: King Street Self Storage 11C. (Name of Resulting Florida Limited Company)				
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.				
Please return all correspondence concerning this matter to:				
Theresa Kass (Contact Person) Accounting Solutions of St. Augustine Inc				
2730 US 1 South Suite B (Address)				
St. Augustine FL 32.0810 (City, State and Zip Code)				
+ heresa @ stauga counting. com E-mail Address: (to be used for future annual report notifications)				
For further information concerning this matter, please call:				
Theresa Kass at (904) 610.1133 (Name of Contact Person) (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)				
■ \$150.00 Filing Fees (\$25 for Conversion & and Certificate of and Certified Copy & Status of Organization) ■ \$155.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status				
Mailing Address:Street Address:New Filing SectionNew Filing Section				

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: King Street Self Storage, Inc. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>COYPOYATION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 03.19.1996 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
King Street Self Storage LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

King Street Self Storage LLC

Must contain the words "Limited Liability Company," L.L.C.," or "L.L.C.")

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
238 W. King Street Suite 2 St. Augustine, FL 32084	238 W. King Street Suite 2 St. Hugustine, F1 32084		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
Accounting Solutions of St. Augustine Inc.			
2730 US 1 South, Suite B Florida street address (P.O. Box NOT acceptable)			
St. Augustine City	FL 32081. Zip		
liability company at the place designated in registered agent and agree to act in this capaci	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance 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 (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = ManagerAMBR	Michael Norman 238 W King Street, Suite St. Augustine, FL 32084
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Typ	ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Signed this is day of December 20 21					
Signature of Authorized Representative of Limited Liability Company:					
Signature of Authorized Representative: MICHALL NOKMAN	Title: Pres				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]					
Signature: // Signature					
Printed Name: Michael Norman	Title: President				
Signature:Printed Name:	Title				
Signature: Printed Name:	Title:				
Signature:Printed Name:	Title				
Signature:Printed Name:	Title:				
Signature					
Signature:Printed Name:	Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
All others: Signature of an authorized person.					
Fees:					
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)				