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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

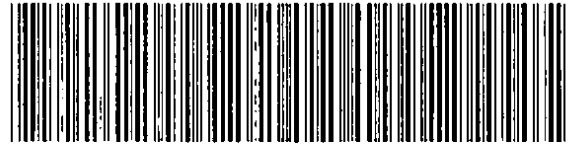
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PALMS WEST SELF STORAGE LLC

Signature _____

Requested by: SETH

06/29

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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**ARTICLES OF ORGANIZATION
FOR
PALMS WEST SELF STORAGE LLC
(a Florida limited Liability company)**

ARTICLE I – NAME

The name of this limited liability company shall be: **PALMS WEST SELF STORAGE LLC.**

ARTICLE II - DURATION

The period of duration for the limited liability company shall commence on the date on which these Articles of Organization are filed with the Department of State of the State of Florida, and shall be perpetual.

ARTICLE III - PURPOSE

The limited liability company is formed to engage in any lawful act or activity for which limited liability companies may be organized under the Florida Limited Liability Act.

ARTICLE IV - MAILING ADDRESS AND STREET ADDRESS

The mailing address of the principal office of this limited liability company shall be 4500 N.W. 135th Street, Opa Locka, Florida 33054.

The street address of the principal office of this limited liability company shall be 4500 N.W. 135th Street, Opa Locka, Florida 33054.

ARTICLE V - MANAGEMENT

The management of this limited liability company is reserved to the managers. The names and addresses of the managers, the persons authorized to manage this limited liability company are:

Frank J. Kriger, MGR
4500 N.W. 135th Street
Opa Locka, Florida 33054

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STATE OF FLORIDA
JULY 1 2022

ARTICLE VI - REGISTERED AGENT

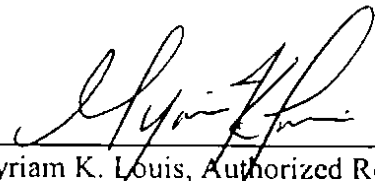
The Registered Agent for service of process on this limited liability company shall be Carlos D. Lerman, Esquire, Lerman & Whitebook, P.A., 2611 Hollywood Boulevard, Hollywood, Florida 33020.

ARTICLE VII - EFFECTIVE DATE

The effective date for this limited liability company shall be the date on which these Articles of Organization are filed with the Department of State of the State of Florida, under s. 605.0207, F.S.

I am the member or authorized representative of the member submitting these Articles of Organization and affirm that the fact stated herein are true. I am aware that false information submitted in a documents to the Department of State constitute a third degree felony as provided for in s. 817.15, F.S. I understand the requirement to file an annual report between January 1 and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

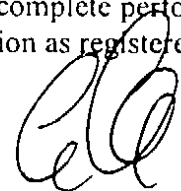
The undersigned hereby affirms that the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and have executed this instrument as of this 30th day of June, 2022.



Myriam K. Louis, Authorized Representative of the
Manager

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

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 as registered agent.


By: _____
Carlos D. Lerman, Esquire
Registered Agent

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TALLAHASSEE, FLORIDA