2/23/2023

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO.

## The Ridge Self Storage, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$125.00

2022

Electronic Filing Menn — Corporate Filing Menn

Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

#### The Ridge Self Storage, LLC

(Must contain the words "Limited Liability 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:

15481 SW 12th Street, Suite 309

15481 SW 12th Street, Suite 309 Sunrise, FL 33326

Sunrise, FL 33326

## 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:

Leopold Korn, P.A.

Name

### 18851 NE 29th Avenue, Suite 410

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

Aventura	FL	33180
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 as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

24-Feb-2023 17:51 Leopold Fax 3059311947 p.3

Title:			Name and Address:
	= Authorized	Member	
"MGR" =	= Manager		
MGR		_	Centerline Capital Advisors, LLC
			15481 SW 12th Street, Suite 309
			Sunrise, FL 33326
		_	
		_	
		-	
Hiseann	chment if neces	isary)	
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LEV: Eff ffective dat			
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Craig S, Perry, Authorized Agent Typed or printed name of signee

## Filing Feest

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

- \$ 5.00 Certificate of Status (Optional)

24-Feb-2023 17:51

Leopold Fax

3059311947

# ART-ORG-To Sign

Final Audit Report

2023-02-24

Created:

2023-02-23

By:

Melissa Sosa (msosa@loopoldkorn.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAAAibChtogz8Nu5K2vn\_vE9NfAn2m5OoUQ

## "ART-ORG-To Sign" History

- Document created by Melissa Sosa (msosa@leopoldkorn.com) 2023-02-23 11:42:02 PM GMT- IP address: 69.195.231,227
- Document emailed to Craig Perry (cperry@centerlineca.com) for signature 2023-02-23 11:42:25 PM GMT
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- Document emailed to norman leopold (nleopold@leopoldkom.com) for signature 2023-02-24 3:34:56 PM GMT
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