L 240000 22859

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME Auto Storage of Boynton Beach LLC						
OCUMENT NUMB	ER					
	PLEASE FILE	THE ATTACHED AND RETURN				
xxxxxxxx	Plain Copy					
	Certified Copy					
	Certificate of Status					
	PLEASE OBTAIN THE	E FOLLOWING FOR THE ABOVE ENTITY				
	Certified Copy of Ar	ts & Amendments				
	Certified Copy of Ar	ts & Amendments Complete File (Inclading Annual Reports)				
	Certificate of Status					
 _	Certificate of Status	Reflecting:				
	APOSTILLE"	/ NOTARIAL CERTIFICATION				
OUNTRY OF DESTIN	NATION					
IUMBER OF CERTIFI	CATES REQUESTED					
	5	ACCOUNT # 120140000108 Cuthy United Corporate Services, Inc. Thank you so much!				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:			
Auto Sto.	roge of in the words Li	Boynton mited Liability Comp	Beach nany, "L.L.C.," or "L	<u>LLC</u>
ARTICLE II - Address: The mailing address and street ad	dress of the princ	cipal office of the Lit	nited Liability Comp	nany is-
Principa	l Office Addres	S:	<u>Mai</u>	ling Address:
So Ind	strict coch Fl	ω <u>- 3343</u> 4	550 In.	Ditriel Wey Beach FL 33426
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as i ctive Florida reg	ts own Registered Apistration.)	Agent's Signature: gent. You must desig	nate an individual or
	United Corpor	ate Services, Inc.		
	1.	Name		
	3458 Lakeshor	e Drive		
	Florida street	address (P.O. Box X	OT acceptable)	
	Tallahassee	FŁ.	32311	2
	City	State	Zip	
Having heen named as registered a	gent and to accep	nt service of process f	for the above stated li	mited 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

Michael A. Barr
Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

AMBR" = Authorized Member MGR" = Manager M Z. L	
Mal	
171/75	FLN Holdings LLC
	Gld Mysey Avone
	Cinterhors A 11757
	ALN Holdison LLL
	612 Min of Aveny
	Lain Lea hersit My 11757
	FAN Holdings LLL
	612 Munit Averue
	Lindahurse 104 1(7)7
	Show william I.L.
	6/4 Mun cy Avenue
	Liquenhurst NY 11757
ctive date is listed, the date must be filing.) he date inserted in this block does no tent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be listen to f State's records.
VI: Other provisions, if any	
, et. Onici provisions, it any	
REQUIRED SIGNATURE	
REQUIRED SIGNATURE	
REQUIRED SIGNATURE) Signature of a	member or an authorized representative of a member.
Signature of a This document is exert am aware that any fa	cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State
Signature of a This document is executed a may face that any face constitutes a third degree that any face of the constitutes a state of the constitutes as the const	cuted in accordance with section 605.0203 (1) (b). Florida Statutes.

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

ARTICLE IV-

as