

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Email Address:

FLORIDA LIMITED LIABILITY CO.

Carol Stream Storage Manager LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:					
	CAROL STREAM S'	ORAGE MANAG	ER LLC			
(Must conta	in the words "Limited		·			
ARTICLE II - Address: The mailing address and street ad	idress of the principal o	office of the Limited	Liability Company is:			
Principa	d Office Address:		Mailing Addres	<u>s</u> :		
301 E. Las Olas Boul	evard	301	E. Las Olas Bouleyard			
Suite 200		Suit	e 200			
Ft. Lauderdale, FL 33	301	<u>Ft, 1</u>	.auderdale, FL 33301			
The name and the Florida street a	ddress of the registered	-		ĀĽ AL	202	
	ATTN: Steven Wein		6th Court		<u></u>	
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)		024 JUN 14	
	Plantation	FL	33324	(5.25) (3.77)		$\overline{}$
	City	State	Zip	ra- çu _c .	PH	
Having been named as registered a place designated in this certificate, further agree to comply with the pro im familiar with and accept the obl	I hereby accept the appositions of all statutes ringations of my position	ointment as register elating to the proper	ed agent and agree to act in and complete performance as provided for in Chapter 60 erg	this capacity [7] of my duties, and l	ਜੋ <i>ਹ</i> : 5\	D

(CONTINUED)

ARTICLE IV-

· · · · · · · · · · · · · · · · · · ·	Alex Hernandez 301 E. Las Olas Boulevard, Suite 200 Ft. Lauderdale, Fl. 33301
MGR	301 E. Las Olas Boulevard, Suite 200
	301 E. Las Olas Boulevard, Suite 200
	Ft. Lauderdale, FL 33301
	
	
	
Use attachment if necessary)	
f filing.)	c and cannot be more than five business days prior to or 90 day the applicable statutory filing requirements, this date will not be late's records.
·	
EVI: Other provisions, if any.	
SVI; Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member This document is executed if a maware that any false info	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, commation submitted in a document to the Department of State only as provided for in s.817.155. F.S.
Signature of a member This document is executed if am aware that any false inforcement is executed in the constitutes a third degree felocometitutes.	n accordance with section 605.0203 (1) (b). Florida Statutes.
Signature of a member This document is executed if am aware that any false infectorstitutes a third degree felo.	n accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
Signature of a member This document is executed if am aware that any false infectorstitutes a third degree felo.	n accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State
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