### Florida Department of State

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From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714 : (850) 222-1173 Pax Number : (850)224-1640

FOREIGN LIMITED LIABILITY COMPANY

O'BRIEN STORAGE, L.L.C.

Certificate of Status	0
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Page Count	03
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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 1, 2003

CORPORATE & CRIMINAL RESEARCH SERVICES

SUBJECT: O'BRIEN STORAGE, L.L.C.

REF: W03000018729

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover thest.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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Trevor Brumbley Document Specialist FAX Aud. #: 803000223734 Letter Number: 303A00039519

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#### H03000223734

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIADILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

}.	O'BRIEN STORAGE, L.C.C.				
•	(Name of foreig	in limited hability co	mpany)		
2.	Indiana	. 3	<u> </u>		
ē	Jurusdiction under the law of which foreign limit liability company is organized)	ed	(FEI number, if applic	able)	
1	October 9, 2001	5,	Perpenual	<u> </u>	<u></u>
	October 9, 2001 (Date of Organization)	(Duration, Year	lunited liability company we exist or "perpetual")	ull cesses	1
6.	upon qualification			<u> </u>	
	(Date first manusacted business in Florida.)	(SEE SECTIONS &	08.501, 608.502 and \$17.1:	es f.ed)	_ _ _ _
7	10809 Tarne Graye				
	Fishers, Indiana 46038			Şm	$\overline{\Box}$
	(Street address	of principal office)			
Š.	If limited liability company is a manager-manage	d company, check h	ere i		
ð.	The name and usual business addresses of the ma				- 1
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	Anached is an original certificate of existence.				
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j. j. Ozri	Nature of business or purposes to be conducted tenness, and investigated dispose of property for business, and investigated the conducted for business.	l or promoted in Flor istment numbees and	ids: accuse out, manage a	nd sell or	
514	CONTRACTOR OF THE OPERATOR OF THE STATE OF T	STATE POSTON AND	TAT HEY INDEX CONTROL DOLLARS	¥	
		<del></del>			
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	Signature of a Member of an authori	20d Yearnstalling of a	member	<del></del>	
	tin accordance with section 608 408	(3). F.S. the execution	of this document constitutes		
	in affirmation under the penalties of		rated herein are true.)		
	Typed or printed	JUNIEV		<del></del> :	
	Typed or printed	sangua lo aman l			

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name of the Limited Liability Company is:

0	BRIEN STORAGE, L.L.C.	<del></del> -					
2.	The name and the Florida street address of the registered agent and office are:						
	10W 13eV V (Name) 1/ 36	03					
	3401 3HL acence north器						
Florida street address (P.O. Box NOT acceptable)							
	51. Peterburg, FL 337/35	7					
	(City/State/Lip)	<del></del> -					
	·						

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. Thereby 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 608, F.S.

(Signature)

\$100.00 Fiting Fee for Application

\$25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.08 Certificate of Status (optional)

# STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### O'BRIEN STORAGE, L.L.C.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 09, 2001, and was in existence or authorized to transact business in the State of Indiana on June 23, 2003.

I further cortify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whercof, I have hereunto set my hand and affixed the seat of the State of Indiana, at the city of Indianapolis, this Twenty-Third Day of June, 2003.

Voll Colito

TODD ROKITA, Secretary of State

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