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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Kathleen M. Walkling

Account Number

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)650-1065

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DIVISION OF CORPORATION

FOREIGN LIMITED LIABILITY COMPANY

RHODE ISLAND PORTABLE STORAGE, LLC

Certificate of Status	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STA LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS II	YTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN N'THE STATE OF FLORIDA:
RHODE ISLAND PORTABLE STORAGE	LLC
(Name of fore	eign limited liability company)
2. DELAWARE (Jurisdiction under the law of which foreign limited liabil company is organized)	3. 20-0803270 (FEI number, if applicable)
4. 2/25/2004 (Date of Organization)	5. PERPETUAL (Duration: Year limited liability company will cease to?
6. UPON QUALIFICATION (Date first transacted business in Florida.	(Duration: Year limited liability company will cease to exist or "perpenal") (See sections 608.501, 608.502, and 817.155, F.S.)
7. 450 S. ORANGE AVENUE, ORLANDO, I	FL 32801-3336
(Street add	tress of principal office)
8. If limited liability company is a manager-mans	ged company, check here
9. The name and usual business addresses of the JMS GROWTH EQUITIES, INC.	managing members or managers are as follows:
450 S. ORANGE AVENUE, ORLANDO,	FL 32801-3336
	an 90 days old, duly authenticated by the official having custody of records in photocopy is not acceptable. If the ourtificate is in a foreign language, a ust be submitted.)
11. Nature of business or purposes to be conducted	ed or promoted in Florida: RENTAL OF
PORTABLE STORAGE UNITS	Lecce ex n authorized representative of a member.
(In accordance with section 608,408	(3), F.S., the execution of this document constitutes f perjury that the facts stated herein are true.)

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 on 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.

1. The name of the Limited Liability Company is:	·	DI.
RHODE ISLAND PORTABLE STORAGE, LL	c E	SEC
2. The name and the Florida street address of the re	egistered agent and office are:	PROPERTY CO
LINDA A. SCARCELLI	A	중위 등
(Nam	le)	ATTONS
450 S. ORANGE AVENUE, O	RLANDO	G
Florida street address (P.O	Box NOT ACCEPTABLE)	
<u> </u>	32801-3336	
(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 608, F.S.

Syn School (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RHODE ISLAND PORTABLE STORAGE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3156258

DATE: 06-07-04

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