M05000004963

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500058519565

08/5)/05--010/c5--12 **100-5

SECRETARY OF STATE DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Storage Masters - O'Fallon, L.L.C.	
	ed Liability Company)
	ility Company for Authorization to Transact Business in mitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	tter to the following:
Joel D. Brett	
(Nam	e of Person)
Barklage, Brett, Martin, Wibbenmeyer & Har	
(Firm	d/Company)
211 North Third Street	
(A	Address)
St. Charles, MO 63301	
(City/Stat	e and Zip Code)
For further information concerning this matter, pleas	se call:
Bernice Street	at (636) 949-2120
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
· ·	
☐ \$125.00 Filing Fee	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate tatus Certified Copy of Status & Certified Copy

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Storage Masters - O'Fallon, L.L.C. *		_
	(Name of Foreign Limited Liability Company)		
_,	Missouri (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)		
4.	8/1/1997 (Date of Organization) 5. 12/31/2043 (Duration: Year limited liability company will ce exist or "perpetual")	ase to	_
 7. 	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2601 E. Terra Lane, O'Fallon, MO 63366	05 AUG	SECRE
		ယ်	유물
	(Street Address of Principal Office)	<u>P</u>	CORPO Services
8.	If limited liability company is a manager-managed company, check here	12: 53	TATE RATIO
9.	The name and usual business addresses of the managing members or managers are as follows:		Ŝ
	John R. Burrows - 2601 E. Terra Lane, O'Fallon, MO 63366		_
	Sedraw, Inc 2601 E. Terra Lane, O'Fallon, MO 63366		_
th). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custor e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languanslation of the certificate under oath of the translator must be submitted.)		— ecords ir
1	1. Nature of business or purposes to be conducted or promoted in Florida: develop, own and man	age	
	Signature of a member or an authorized representative of a member.	·	<u>.</u> .
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) John R. Burrows		
	Typed or printed name of signee		

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.

1. The name	e of the Limited Liability Com	pany is:	
Storage Mast	ters - O'Fallon, L.L.C.		
2. The name	e and the Florida street address	of the registered agent and office are	: :
	CT Corporation Systems		DIVIS DIVIS
		(Name)	OS AUG 31
	1200 South Pine Island Roa	d	
	Florida Street Ad	dress (P.O. Box <u>NOT</u> ACCEPTABLE)	31 PH 12: 53
	Plantation	_F1. 33324	သ 🕏
		City/State/Zip	<i>(</i>)
liability comp agent and ag relating to th	pany at the place designated in gree to act in this capacity. I fur ie proper and complete perform	to accept service of process for the ab this certificate, I hereby accept the ap ther agree to comply with the provision ance of my duties, and I am familiar w that as provided for in Chapter 608, Flo	pointment as registered ons of all statutes with and accept the
CT Corp	oration Systems		
	(Signature)	- 	

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

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

STORAGE MASTERS - O'FALLON, L.L.C. LC0014107

was created under the laws of this State on the 1st day of August, 1997, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 30th day of August, 2005

n Camahan

Secretary of State

