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lo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (614)573-3996 Fax Number

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. legalnotices@uhaul.com

Email Address:_

Foreign Limited Liability Company U-Haul Co. of Florida 51, LLC

Certificate of Status	0	
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Page Count	04	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	51, LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	Chability Co	upany," "L.I. C.," or "LI.C.")	
name imavailable, enter alternate	name adopted for the purpose of transacting business in D	orida. The alterr	ate name must include "Lamited Labi	thty Company " "L.1 C." or "L1
Delaware				
(Jurisdiction under the law of s	which foreign linneed liability company is organized)	3	(H.) number.	of applicables
	(Date first transacted business in Florida, if prior to (See sections 605-0004 & 605-0005 U.S. to determi	registration) no penalty leabil	nyo	
2727 N. Central Aven	ue	27	11 N. Central Avenue	
reet Address of Principal Office)		6	(Mailing Address)	
Phoenix, AZ 85004		Ply	nenix, AZ 85004	
Thoenix, 772, 6, 7004			1011X. 77. 0.3004	33 3
				20 AM
				<u>~~~</u>
				5"PN
				· • • •
Name and street addre	88 of Florida registered agent: (P.O. Bux	NOT nece	ptable)	9: 5: STA1
Name and street addre		NOT nece	ptable)	FL FL
	ss of Florida registered agent: (P.O. Box C T Corporation System	NOT nece	ptable)	FE STATE
Name and street address Name:	C T Corporation System	<u>NOT</u> nece	ntable)	FL FL
		<u>NOT</u> nece	ptable)	FL STATE
Name:	C T Corporation System 1200 South Pine Island Road	<u>NOT</u> nece		FL FL
Name:	C T Corporation System	<u>NOT</u> nece	ptable)	FL 3: 50

(Registered agent's signature)

By:

From: Daylen Platt

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Page ⊸of 5

To:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊠ Manager	Name:	⊞Manager	Name: Edward J. Shoen
⊡Member	Address: 2727 N. Central Avenue	∐Member	Address. 2727 N. Central Avenue
□Authorized	Phoenix, AZ 85004	□Authorized	Phoenix, AZ 85004
Person		Person	
□Other	Other	_IOther	□Other
⊠Manager	Jason A. Berg Name:	ElManager	Name:
∐Member	Address: 2727 N. Central Avenue	_lMember	Address:
□Authorized	Phoenix, AZ 85004	□Authorized	
Person		Person	
□Other	UOther		Other
∏Manager	Name:	;∃Manager	Name:
□Member	Address:	⊟Member	Address:
□Authorized		□Authorized	
Person		Person	
⊔Other	UOther	EJOther	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.455, F.S.

Jason A. Berg, Manager

Typed or printed name of signee

Stynature of an authorized person



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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "U-HAUL CO. OF FLORIDA 51, 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 SIXTH DAY OF MAY, A.D. 2025.

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203617163

C. G. Sancher

Date: 05-06-25