

**CORPORATE
ACCESS,
INC.**

M97000000617

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

WALK IN

PICK UP

9/23/97

(Handwritten initials)

U.S. G.S.

CERTIFIED COPY

☒ PHOTO COPY

☒ FILING

Foreign LC

1.) Storage Florida, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

6.) _____
(CORPORATE NAME & DOCUMENT #)

7.) _____
(CORPORATE NAME & DOCUMENT #)

8.) _____
(CORPORATE NAME & DOCUMENT #)

9.) _____
(CORPORATE NAME & DOCUMENT #)

10.) _____
(CORPORATE NAME & DOCUMENT #)

G. TAX _____
FILING 250.00
R. AGENT FEE 35.00
C. COPY 8.75
TOTAL 293.75
N. BANK _____
BALANCE DUE _____
OFFICE _____

3/5
9/23/97

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 23 AM 11:13

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-09/25/97--01072--015
****293.75 ****293.75

RECEIVED
97 SEP 28 PM 9:41
DIVISION OF CORPORATIONS

SPECIAL INSTRUCTIONS

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

**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:*

FILED STATES
 SECRETARY OF CORPORATIONS
 DIVISION OF CORPORATIONS
 97 SEP 22 AM 11:13

1. Storage Florida, LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. 9/17/97
(Date of Organization)
5. December 31, 2047
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Anticipated date of October 20, 1997 (upon registration)
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. _____
401 Main Street, Johnson City, Tennessee 37601
(Street address of principal office)
8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
Ed H. Street, Jr. 401 Main Street Johnson City, TN 37601	Chief Manager		
Adam J. Epstein 1101 17th Avenue South Nashville, TN 37203	Vice Manager & Secretary		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of Storage Florida, Inc.
_____ deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 1,000.00
This total includes amounts from 2 and 3 above.
- 5) the total amount of cash or property anticipated to be contributed by member(s) is \$ 1,000.00

A. Cameron Hollins, Attorney in Fact
Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

Filing Fee: \$250.00 for Application and Affidavit

**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
IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
FLORIDA.

1. The name of the limited liability company is:

Storage Florida, LLC

2. The name and address of the registered agent and office is:

NRAI Services, Inc.

(Name)

526 E. Park Avenue

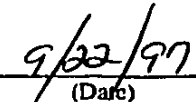
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301

(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.


(Signature)


(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

**Secretary of State
Corporations Section**

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 09/18/1997
REQUEST NUMBER: 97261167
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 09/17/1997
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: 12/31/2047
CONTROL NUMBER: 0337632
JURISDICTION: TENNESSEE

TO:
HOLLINS & ASSOCIATES
401 CHURCH STREET
NASHVILLE, TN 37219

REQUESTED BY:
HOLLINS & ASSOCIATES
401 CHURCH STREET
NASHVILLE, TN 37219

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"STORAGE FLORIDA, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 23 AM 11:13

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/18/97

FROM:
HOLLINS & ASSOCIATES
401 CHURCH STREET
L & C TOWER
NASHVILLE, TN 37219-0000

RECEIVED:	FEES \$10.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$10.00

RECEIPT NUMBER: 00002184610
ACCOUNT NUMBER: 00238103



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE