## Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346 JUL -8 PA 4: 24 CRETARY OF STATE LAHASSEE, FLORID

# FLORIDA PROFIT CORPORATION OR P.A.

RASSE MINI STORAGE, INC.

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\$78.75

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## ARTICLE OF INCORPORATION

<u>of</u>

## RASSE MINI STORAGE, INC.

The undersigned incorporator(s), for the purpose of forming a comporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

RASSE MINI STORACE, INC.

The principal place of business of this corporation shall be:

10 S.W. 130 AVE MYANT, FLORIDA, 33184

## ARTICLE II MATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $5,000 \times $10.00 = $50,000.00$ 

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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## ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

> (PRESIDENT, DIRECTOR) MELSON RASSE 10 S.W. 130 AVE MIAMI, FLORIDA, 33184

(SECRETARY, TREASURER, DURECTOR) NORMA RASSE 10 S.W. 130 AVE MIAMI, FLORIDA, 33184

## ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

> ( 2,500 SHARES) MELSON RASSE 10 S.W. 130 AVE MIAMI, FLORIDA, 33184

(2,500 SHARES) NORMA RASSE 10 S.W. 130 AVE MIAMI, FLORIDA, 33184

The undersigned has (have) executed these Article of Incorpora \_\_\_\_,200<u>z</u>\_\_. tion this \_\_Sth DAY OF \_JULY\_

> Signature/Title NELSON RASSE / INCORPORATOR Signature/Title NORMA RASSE / SECRETARY Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Flor unde stat	mant to the provisions of sections 607.0501 or 617.0501, ida Statutes, the undersigned corporation, organized or the laws of the State of Florida, submits the following ement in designating the registered office/registered		
agen	t, in the State of Florida.	02 JUL	
1.	The name of the corporation is:		7
	RASSE MINI STORAGE, INC.	8-	_
2.	The name and address of the registered agent and office is	PM 4:24	
	(Name)		
	10 S.W. 130 AVE.		
	(P. O. BOX NOT ACCEPTABLE)		
	MIANI, FLORIDA, 33184		
	(CITY/STATE/ZIP)		•

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE	Muliu
DATE	JULY 5th, 2002