

P11000126685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

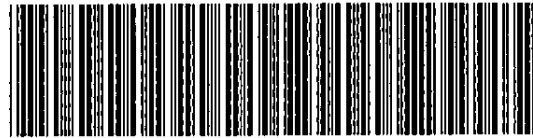
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 DEC 16 PM 4:51  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 16 AM 8:11

PS 12/19/11

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Storage West Group, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Mari-Jo Lewis-Wilkinson  
Name (Printed or typed)

GrayRobinson, P.A., 301 S. Bronough St., Suite 600  
Address

Tallahassee, FL 32301  
City, State & Zip

(850) 577-9090  
Daytime Telephone number

lee.bennett@gray-robinson.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 11 DEC 16 AM 8:11

**ARTICLE I NAME**

The name of the corporation shall be: Storage West Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1257 Queens Harbor Blvd.  
Jacksonville, FL 32225

Mailing address, if different is:  
13245 Atlantic Blvd.  
Suite 4-262  
Jacksonville, FL 32225

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000, No Par

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Elham N. Smith, D & P  
Address: 1257 Queens Harbor Blvd.  
Jacksonville, FL 32225

Name and Title: Maria Mahmoodi, D & AVP  
Address: 1257 Queens Harbor Blvd.  
Jacksonville, FL 32225

Name and Title: Ramin Mahmoodi, D & AVP  
Address: 1257 Queens Harbor Blvd.  
Jacksonville, FL 32225

Name and Title:  
Address:

Name and Title: Christian F. Smith, D & VP & S  
Address: 1257 Queens Harbor Blvd.  
Jacksonville, FL 32225

Name and Title:  
Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Elham N. Smith  
Address: 1257 Queens Harbor Blvd.  
Jacksonville, FL 32225

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Elham N. Smith  
Address: 1257 Queens Harbor Blvd.  
Jacksonville, FL 32225

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Elham N. Smith  
Elham N. Smith Required Signature/Registered Agent

December 16, 2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Elham N. Smith  
Elham N. Smith Required Signature/Incorporator

December 16, 2011  
Date