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

Office Use Only



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## **COVER LETTER**

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

SUBJECT:	Dominion Storage Holdings, I		
<u></u>	(PROPOSED CORPOR	ATE NAME – MUST INC	LUDE SUFFIX)
Enclosed are a	n original and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing I	Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM	ք։ <u>Mari-Jo Lewis-Wilkinson</u> Nan	ne (Printed or typed)	
	GrayRobinson, P.A., 30		t., Suite 600
	Tallahassee, FL 32301	, State & Zip	<del></del>
	(850) 577-9090 Daytime	Telephone number	
	lee.bennett@gray-robin E-mail address: (to be us	SON.COM ed for future annual report	notification)

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

11 DEC 16 AM 8: 14

			TO THE MILL OF THE
	ME ation shall be: Dominion Storage Holdir	igs. Inc.	- ,
	INCIPAL OFFICE		
	Principal street address	N	failing address, if different is:
12	57 Queens Harbor Blvd.		lantic Blvd.
	eksonville, FL 32225	Suite 4-20	
	KSONVIIIC, FL. 32223		
		Jacksonv	ille, FL 32225
ARTICLE III _ PUI	RPOSE		
	the corporation is organized is:		
	Any and all lawful business.		
ARTICLE IV SH	<b>LARES</b> If stock is: 5,000, No Par		
	,		
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECT		Act act - Process
Name and Title:	Elham N. Smith, D & P 1257 Queens Harbor Blvd.		Maria Mahmoodi, D & AVP
Address:	1257 Queens Harbor Blvd.	Address: _	1257 Queens Harbor Blvd.
_	Jacksonville, FL 32225		Jacksonville, FL 32225
Name and Title:	Christian F. Smith, D & VP & S	Name and Title:	
Address:	1257 Queens Harbor Blvd.	Address:	
-	Jacksonville, FL 32225		
-		<del></del> -	
Name and Title:	Ramin Mahmoodi, D & AVP	Name and Title:	
Address:	1257 Queens Harbor Blvd.	Address	
,	Jacksonville, FL 32225		
-			
ARTICLE VI RE	GISTERED AGENT		
	street address (P.O. Box NOT acceptable	c) of the registered agent	t is:
Name:	Elham N. Smith	, or and registrated agon	• 201
Address:	1257 Queens Harbor Blvd,	<del></del>	
Addiess.	Jacksonville, FL 32225	<del></del>	
	Jacksonvine, I L. 32223		
ARTICLE VII IN	<u>CORPORATOR</u>		
The name and address	of the Incorporator is:		
Name:	Elham N. Smith		
Address:	1257 Queens Harbor Blvd.		
	Jacksonville, FL 32225	<del></del>	
Elmina ham named a			ad composition of the place deployment in
this certificate, I am fa	millar with and accept the appointment as	registered agent and a	ed corporation at the place designated in gree to act in this capacity
Elhain	M. Smith Required Signature/Registered Agent		December 162011
Elham N. Smith	Required Signature/Registered Agent	<u> </u>	Date
	it and affirm that the facts stated herein traent of State constitutes a third degree fe		
4 OR	Mequired Signature/Incorporator		
	Paguired Signature/Incorporator		December 16, 2011
Elham N. Smith	wednings assummanicorbogator		Date