P/300004365/

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

Office Use Only



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05/13/13--01020--004 **87.50

13 MAY 13 PM 3: 27
SECRETARY OF STATE
AND ANSSEF FLORIDA

n 05/16/13

COVER LETTER

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

SUBJECT: MDB Self Storage Corp

(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 **\$78.75 3** \$78.75 **\$87.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy **Certified Copy** & Certificate of Status ADDITIONAL COPY REQUIRED Michael Bur

4:	Michael Bul			
	Name (Printed or typed)			
	9505 Sandy Ct			
-	Address			
	Manassas, VA 20110			
	City, State & Zip			
	703-283-6466			
	Daytime Telephone number			
	mdbselfstorage@gmail.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)

ARTICLE I NAM The name of the corporate	MDB Self Storag	e Corp		
.	NCIPAL OFFICE Principal street address	Mailing address, if different is:		
Fort Myers, Fi		<u></u>		
The purpose for which t	POSE the corporation is organized is: and operate a self storage	e business.		
	<u> </u>			
				ALC M
ARTICLE IV SHA The number of shares of	LRES stock is:			3: 27 STATE LORIDA
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTO			
Name and Title	Michael Bur (CFO)	Name and Title	Dale Bur (0	CEO)
Address	9505 Sandy Ct	Address:	1038 Sumi	
	Manassas, VA 20110		Fort Myers	, FL 33919
Name and Title		Name and Title	·	
Address				
Name and Title	:	Name and Title	·	
Address		Address:		
				· · · · · · · · · · · · · · · · · · ·

. Name and	d Title:	Name and Title:			
Address		Address:			
ARTICLE VI	REGISTERED AGENT	of the resistant equation			
i ne <u>name and Fi</u>	orida street address (P.O. Box NOT acceptable) of Marsha Bur	of the registered agent is:			
Name:		_			
Address:	1038 Sumica Dr				
	Fort Myers, FL 33919				
ARTICLE VII	INCORPORATOR	AHASS			
The <u>name and address</u> of the Incorporator is:					
Name:	Michael Bur				
Address:	9505 Sandy Ct	RION 27			
	Manassas, VA 20110				
	ned as registered agent to accept service of proce am familiar with and accept the appointment as re	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity			
,	Required Signature/Registered Agent	4/13/13			
	Required Signature/Registered Agent	Date			
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.			
2	Required Signature/Incorporator	5/7/13 Date			
	. •				