

P21000055588

(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



400367721724

06/14/21--01001--004 **70.00

RECEIVED

2021 JUN 11 PM 2:57

ALLAHASSEE, FL

RECEIVED

2021 JUN 11 AM 11:54

STATE OF FLORIDA
DEPARTMENT OF REVENUE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GAINESVILLE SELF STORAGE UNITS 2

INC

Signature _____

Requested by: SETH

06/09/21

Name

Date

Time

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

2021 JUN 11 AM 11:54

STATE
TALLAHASSEE

COVER LETTER

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

SUBJECT: Gainesville Self Storage Units 2, 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: Holden, Roscow & Caedington, PL c/o Jesse Caedington

Name (Printed or typed)

5608 NW 43rd St.

Address

Gainesville, FL 32653

City, State & Zip

352-373-7788

Daytime Telephone number

jesse@gnv-law.com

E-mail address: (to be used for future annual report notification)

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

REC JUN 11 AM 11:54

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

ARTICLE I NAME

The name of the corporation shall be: Gainesville Self Storage Units 2, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1325 NW 53rd Ave., Suite E
Gainesville, FL 32609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry H. Cheshire, President Name and Title: _____

Address: 1325 NW 53rd Ave., Suite E Address: _____
Gainesville, FL 32609

Name and Title: Kyle D. Cheshire, Vice-President Name and Title: _____

Address: 1325 NW 53rd Ave., Suite E Address: _____
Gainesville, FL 32609

Name and Title: Dean Cheshire Name and Title: _____

Address: 1325 NW 53rd Ave., Suite E Address: _____
Gainesville, FL 32609

FILED
JUN 11 11 41 AM '09
CLERK OF DISTRICT COURT
NORTH DAKOTA
COUNTY OF STANLEY

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Holden, Roscoe & Caddington, PL

Address: 5608 NW 43rd St.

Gainesville, FL 32653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dean R. Cheshire

Address: 1325 NW 53rd Ave., Suite E

Gainesville, FL 32609

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent

06/09/2021
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.

Required Signature/Incorporator

6/9/2021
Date