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ROBERT J. ELDREDGE, EA

3580 W. HIGHWAY 44
INVERNESS, FL 34453
(352) 344-8300

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Total Storage, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATIONS
96 NOV 25 AM 9:58

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DIVISION OF CORPORATIONS
96 NOV 25 AM 9: 58

ARTICLES OF INCORPORATION

OF

TOTAL STORAGE, INC.

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

ARTICLE I NAME

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

The principal place of business of this corporation shall be: 205 E Gulf To Lake Hwy. Lecanto FL 34461

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, 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: 1000 shares, \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS AND DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(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 -- Michael W. Sims Sr. 205 E. Gulf To Lake Hwy. Lecanto, FL 34461

Secretary/Treasurer/Director -- Linda N. Sims 205 E. Gulf To Lake Hwy. Lecanto, FL 34461

ARTICLE VI INCORPORATOR(S)

The name and street address(es) of the incorporator(s) to these articles of incorporation is (are):
Michael W. Sims Sr. 205 E. Gulf To lake Hwy. Lecanto, FL 34461

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of
Incorporation this 20th day of November 1996.

Signature(s) of Incorporator(s)

* Michael W. Sims Sr.

STATE OF FLORIDA
COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 20th day of

November

, 1996, Michael W. Sims Sr.

(Name of Incorporator)

(Name of Incorporator)

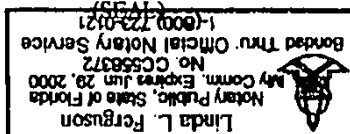
whom are:

personally known to me -- or

have shown the following identification

Notary Public:

Linda L. Ferguson



My commission expires:

June 29, 2000

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Total Storage, Inc.
2. The name and address of the registered agent and office is:
Linda N. Sims
205 E. Gulf To Lake Hwy.
Lecanto, FL 34461

SIGNATURE *x* *Michael Wayne Smith*
(Corporate Officer)
TITLE *President*
DATE *November 20, 1996*

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE *x* *Linda N. Sims*
(Registered Agent)
DATE *November 20, 1996*

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