#### TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314

Secureway Self Storage, Inc. **SUBJECT:** (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$87.50 \$70.00 □ \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Robert L. Cochrap, Jr. FROM: \_\_\_\_ Name (Printed or typed) 242 Fifth Ave Address

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

Indialantic, FL 32903

407-723-0406

City, State & Zip

Daytime Telephone number

ML11.8.99

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICL	E	I	NAME

The name of the corporation shall be:

Secureway Self Storage, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

242 Fifth Ave., P.O. Box 033228, Indialantic, FL 32903-0228

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SECTION FOR TABLE
TALLAMASSEE, FLORUDA

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert L. Cochran, Jr., 242 Fifth Ave., Indialantic, FL 32903

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robert L. Cochran, Jr., 242 Fifth Ave., Indialantic, FL 32903

Signature/Incorporator

- 5 - 47 Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date