## L14000109416

Office Use Only



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Chm Turn

## **COVER LETTER**

Division of C	Corporations		
SUBJECT: <u>WIMAL</u>	JMA RENTAL, LLC Name of Lir	nited Liability Company	
The enclosed Articles	of Organization and fee(s) as	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
STEPHE	N K, HACHEY	Name of Person	
LAWOF	FICES OF STEPHEN K. I	HACHEY, P.A. Firm/Company	
<u>4007 N.</u>	TALIAFERRO AVE STE E	Address	
<u>TAMPA I</u>	FL 33603	City/State and Zip Code	
shachey@hach	ievlawna com	d for future annual report notifica	ation)
For further informatio	n concerning this matter, ple	ase call:	
Stephen K. Hachey Nar	at (at (at (at (	813 ) 549-0096 Area Code Daytime Te	lephone Number
Enclosed is a check for	or the following amount:		
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DOMESTIC AND A STATE OF THE S	
ARTICLE I - Name: The name of the Limited Liability Company is:	
WIMAUMA RENTAL, LLC	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4007 N TALIAFERRO AVE STE B TAMPA FL 33603	4007 N TALIAFERRO AVE STE B TAMPA FL 33603
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrate. The name and the Florida street address of the register   STEPHEN K. HACHEY, ES	vn Registered Agent. You must designate an individual or ion.) ed agent are:
STEPHEN K, HACHET, ES Nan	
4007 N TALIAFERRO AVE	STE B
Florida street address (P.O. B	
TAMPA	FL 33603
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this as of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S
(CONTIN	(UED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	<del></del>
"MGR" = Manager	
AMBR	STEPHEN K, HACHEY
	4007 N TALIAFERRO AVE STE B
	TAMPA FL 33603
AMBR	DAVID ABBATE
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	401 S. FLORIDA AVE STE 206
	TAMPA FL 33602
AMBR	GLENN BLAKISTON
	401 S. FLORIDA AVE STE 206
	TAMPA FL 33602
EV: Effective date, if other than th	e date of filing:
(Use attachment if necessary)  EV: Effective date, if other than the ctive date is listed, the date must of filing.)  EVI: Other provisions, if any.	e date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 de
E V: Effective date, if other than the crive date is listed, the date must of filing.)	e date of filing:
E V: Effective date, if other than the ective date is listed, the date must of filing.)  E VI: Other provisions, if any.	e date of filing:
E V: Effective date, if other than the ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the coordance with sections.	member or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the constitutes an affirmation	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
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ARTICLE IV-

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\$ 5.00 Certificate of Status (Optional)