

# LO2000003255

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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## LIMITED LIABILITY COMPANY

### DORAL FLEX RENTALS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DORAL FLEX RENTALS LLC

ARTICLE II-Address:

The mailing address and Street address of the principal office of the Limited Liability Company is:

10400 NW 33 ST, #230
MIAMI, FL 33172

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida Street address of the registered agent are:

Ballestas and Associates, Inc.
Name

7730 S.W. 68 Terrace
Florida street address

Miami, Florida 33143
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability Company 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 as provided for in Chapter 608, FS.

[Handwritten Signature]
Registered Agent's Signature
BALLESTAS & ASSOCIATES, INC.

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TALLAHASSEE, FLORIDA

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Achilles Ballestas AUTHORIZED REPRESENTATIVE  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Achilles BALLESTAS AUTHORIZED REPRESENTATIVE  
typed or printed name of signee

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STATE OF FLORIDA:

: S.S.:

COUNTY OF MIAMI-DADE:

BEFORE ME, the undersigned authority, personally appeared:

**ACHILLES BALLESTAS**

To me well known and known to me to be the individuals described, and who executed the foregoing Articles of Organization, and Who acknowledged before me that the same was executed for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and Official Seal at Miami, Miami-Dade County, Florida.

Date: This 7 day of FEBRUARY 2002.

Dalia Torga  
Notary Public, State of Florida at Large

My commission expires:



Dalia Torga  
Commission # CC 904801  
Expires Feb. 27, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.