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THOMAS A. DANIEL

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ATTORNEY AT LAW

623 NORTH MAIN STREET GAINESVILLE, FL 32601 (352) 378-8438 FAX (352) 378-3097

1~03-16684

June 4, 2003

Office of the Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the original and one copy of Articles of Organization for **RENTAL WORKSHOP**, LLC Also enclosed is my check payable to the Secretary of State in the amount of Seventy-eight dollars and 75/100 in payment of the following:

Filing of Articles	\$35.00
Certified copy of Articles of Inc.	8.75
Resident Agent Designation	<u>35.00</u>
TOTAL	\$ 78.75

Please provide me with a certified copy of the Articles of Incorporation at your earliest convenience.

If further information is needed, please do not hesitate to contact me.

Sincerely,

Thomas A. Daniel

TAD/bas

enc. as stated

SECRETARY OF STATE VISION OF CORPORATIONS



June 11, 2003

THOMAS A. DANIEL, ATTORNEY AT LAW 623 NORTH MAIN STREET GAINESVILLE, FL 32601

SUBJECT: RENTAL WORKSHOP, L.L.C. Ref. Number: W03000016686

We have received your document for RENTAL WORKSHOP, L.L.C. and check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$76.25. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 003A00036265



Division of Corporations - P.O. BOX 6327 -Tallabassee Florida 32314

ARTICLES OF ORGANIZATION FOR RENTAL WORKSHOP, LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

RENTAL WORKSHOP, L.L.C.

ARTICLE II

the mailing address and street address of the principle office of the Limited Liability Company is:

2253 SW 41st Lane Gainesville, FL 32608

ARTICLE III

The period of duration for RENTAL WORKSHOP, L.L.C. shall be perpetual.

ARTICLE IV

The Limited Liability Company is to be managed by one manager, whose address is BONNIE LASLO 2253 SW 41ST LANE GAINESVILLE FL 32608

ARTICLE V

The beginning members of this limited liability company shalf be

BONNIE LASLO 2253 SW 41ST LANE GAINESVILLE FL 32608

Additional member shall be admitted upon majority vote of existing members.

ARTICLE IV

In the event that any one member of the limited liability company can no longer serve as a member, due to death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining member of the limited liability company shall be authorized to continue the business. I HEREBY CERTIFY that the facts set forth herein are true and correct to the best of my knowledge, information and belief.

BONNIE LASLO, member

CERTIFICATED OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TOT HE PROVISIONS OF SECTION 608-412 OR 608-507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

RENTAL WORKSHOP, L.L.C.

2. The name and the Florida street address of the registered agent is:

Thomas A. Daniel 623 North Main Street Gainesville, FL 32601

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 relation to the proper and complete performance of my duties, and i am familiar with the accept the obligation of my position as registered agent