

L 04000006247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

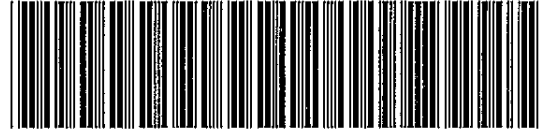
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900025706399

01/23/04--01031--016 **155.00

BK

04 JAN 23 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 23 PM 12:13
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Rentz Rental Trailers, LLC

FILED
JAN 23 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: _____

Name

Date

Time

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

04 JAN 23 PM 3:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is: **RENTZ RENTAL TRAILERS, LLC**

ARTICLE II- Address:

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

12826 U.S. Hwy. 19
Hudson, FL 34667

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

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

Robert N. Altman
5628 Main Street
New Port Richey, FL 34652

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, F.S..


Robert N. Altman, Registered Agent

ARTICLE IV – Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company.


Signature of Authorized Representative

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.

Robert N. Altman
Typed name of signee