

LO4000022165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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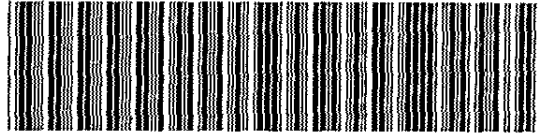
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W04-10131  
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no response



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# TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

RENT MY HUSBAND  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT J. YOLTON  
(Name of Person)

RENT MY HUSBAND  
(Firm/Company)

6185 S.R. II  
(Address)

DE LEON SPRINGS FL. 32130  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT J. YOLTON at (386) 405-7311  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 12, 2004

ROBERT J. YOLTON  
RENT MY HUSBAND  
6185 S.R. 11  
DE LEON SPRINGS, FL 32130

SUBJECT: RENT MY HUSBAND  
Ref. Number: W04000010131

We have received your document for RENT MY HUSBAND and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 104A00016777

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RENT MY HUSBAND L.L.C.**ARTICLE II - Address:**

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

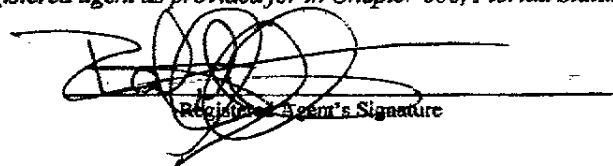
Principal Office Address:6185 S.R. 11  
DE LEON SPRINGS  
FL 32130Mailing Address:P.O. Box 272  
BARBERVILLE  
FL 32105**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ROBERT J. YOLTON  
Name6185 S.R. 11  
Florida street address (P.O. Box NOT acceptable)DE LEON SPRG, FLORIDA 32130  
City, State, and Zip

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HARTMAN, FLORIDA

*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, Florida Statutes..*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRROBERT J. YOLTON  
6185 SR II  
DE LEON SPR FL 32130

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**  
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.)

ROBERT J. YOLTON

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Requesting Certificate of STATUS