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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CRS Rentals Que (Name of Limited Liability)	eens Kew LLC.	;
The enclosed Articles of Organization and fee(s) are submitted for	or filing.	
Please return all correspondence concern	ning this matter to the following:	~- '
CRAIG R. S	BEIBERT	
(Name of Per	rson)	. •
(Firm/Comp		
5611 Queens Ken (Address)	,
Bonita Springs, F.		• •
For further information concerning this matter, please call:		
•	H: 390-2131	-
Craig R. Scibert at (23) (Name of Person) (Are	ea 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	TILED PH 1: 14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Queens Kew Limited Linkility Company

ARTICLE I - Name:

The name of the Limited Liability Company is:

nitr Springs Benita Springs Orida 34134 Florida 34134 FICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	rincipal Office Address:	Mailing Address:
TICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	all Queens Kew	56/1 Queens Kew
TICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	nita Springs	Bonita Springs
	orida 34134	Florida 34134
P.O. C.		
CRAIG R. SETBERT	name and the Florida street address of the	
5611 Queens Kew	name and the Florida street address of the CRAIGE R. Na 56// Queen	he registered agent are: SETRERT ARE SERV SE
	e name and the Florida street address of the RAIGER. Na 56// Queen	he registered agent are: SETBERT THE SET SET SET SET SET SET SET SET SET SE

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

Page 1 of 2 (CONTINUED)

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 MGRM Craiq R. Seibert Still Bareins Kew Bonita Springs, F1 34134 (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.)

CRAIG R. SEIBERT
Typed or printed name of signee

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)