

#53

L05 000031548

(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:

W05-14186

2848

Office Use Only



900048421439

03/16/05--01026--012 \*\*160.00

FILED  
05 MAR 28 AM 10:38  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 18, 2005

DAVID ALAN FILA  
14521 FAIRFAX PLACE  
DAVIE, FL 33325

SUBJECT: SIGNATURE ONE RENTALS  
Ref. Number: W05000014186

We have received your document for SIGNATURE ONE RENTALS and your check(s) totaling \$160.00. 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 contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 305A00018776

05 MAR 28 AM 10:39  
STATE DEPT  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Signature One Rentals  
(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:

DAVID ALAN FILA

(Name of Person)

(Firm/Company)

14521 FAIRFAX PLACE

(Address)

DAVIE, Florida 33325

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID FILA

(Name of Person)

at 954 632-5001

(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

STATE  
TALLAHASSEE, FLORIDA

05 MAR 28 AM 10:39

FILED

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Signature One Rentals 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:

14521 Fairfax Place  
DAVIE, FLORIDA 33325

Mailing Address:

14521 Fairfax Place  
DAVIE, FLORIDA 33325

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

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

DAVID FILA

Name

14521 Fairfax Place

Florida street address (P.O. Box NOT acceptable)

DAVIE,

FLORIDA

33325

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, Florida Statutes..

David Fila

Registered Agent's Signature

05 MAR 2009 10:33 AM  
TALLAHASSEE, FLORIDA

**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:**

MGR DAVID FILA

14521 FAIRFAX PLACE  
DAVIE, FLORIDA 33325

MGRM VICKIE FILA

14521 FAIRFAX PLACE  
DAVIE, FLORIDA 33325

MGRM CHRISTOPHER FILA

14521 FAIRFAX PLACE  
DAVIE FLORIDA 33325

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

David Fila

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.)

DAVID FILA

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)

FILED  
05 MAR 28 AM 10:39  
STATE  
TALLAHASSEE, FLORIDA