Florida Department of State Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000122214 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: ROBINSON ACCOUNTING SERVICE

Account Number : 120030000126

(850) 769-2331

Phone Fax Number

(850) 769-0269

LIMITED LIABILITY COMPANY

A. RENT-A-BOX, LLC

Certificate of Status	O C
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu.

Corporate Filing

Public Access Help

I of 1

ARTICLES OF ORGANIZATION

OF

A. RENT-A-BOX, LLC

a Florida Limited Liability Company

ARTICLE I - NAME

The name of the Limited Liability Company is A. RENT-A-BOX, LLC.

ARTICLE II - ADDRESS

The mailing address of the Company is: 1705 Alabama Avenue, Lynn Haven, FL 32444. The street address of the Company is: 1705 Alabama Avenue, Lynn Haven, Fl 32444.

ARTICLE III - DURATION AND CONTINUATION

The Company's existence will commence upon the filing of these Articles with the Florida Department of State, and the Company will exist perpetually, unless terminated in accordance with the Company's Operating Agreement.

ARTICLE IV - PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE V - ADDITIONAL MEMBERS

Additional members may be admitted and the terms and conditions of the admissions shall be that each member consents in writing to the admission of the additional member.

ARTICLE VI – MEMBER'S RIGHTS TO CONTINUE BUSINESS

The remaining members of the Company have the right to continue the business on the 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 Company upon unanimous consent of the remaining members.

ARTICLE VII - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is therefore, a manager-managed company. The name and address of the manager(s) is, as follows:

Norman J. Mayo 1441 Skunk Valley Road Southport, FL 32409

Carlton S. Schwartz 7105 Dolphin Bay Blvd. Panama City Beach, FL 32407

> A. RENT-A-BOX, LLC a Florida Limited Liability Company

Norman J. Mayo Its Managing Member

STATE OF FLORIDA COUNTY OF BAY

BEFORE ME personally appeared Norman J. Mayo, who executed the foregoing Articles of Organization and acknowledged before me that the same were executed for the purposes and intents therein expressed.

WITNESS MY hand and official seal in the county and state named above this 13th day of May, 2005



Notary Public

Printed Name of Notary My Commission Expires:

Personally known or produced identification —.

Type of Identification produced ______.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 608.415 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: A. Rent-A-Box, LLC.
- 2. The name and the Florida street address of the registered agent is:

Norman J. Mayo 1441 Skunk Valley Road Southport, FL 32409

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.

Norman J. Mayo, Registered Agent

TARY OF STATE