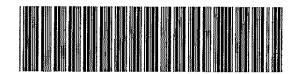
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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V5-80595

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Randy Hergel (Name of Person)		
<u> </u>		
2404 CREWS LK Hills LONG		
Lakeland, FL 33813 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (Name Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee  ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status		
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
Oakdale Rentals LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
2404 Crews LK HillsLono 2404 Crews LK HillsLono Lakeland, FL 33813  Lakeland, FL 33813		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
Randall Stengel		
2404 CREWS LK HIB LONO Florida street address (P.O. Box NOT acceptable)		
Lakeland FL 338B 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, F.S..

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Mgr	Randy Stengel 2404 Crows K Hills Lp Ma
Mgrom	20 Hoje Sterrel 2404 Crew LH Hills LAND Lakeland FL 338/3
···	
<del></del>	

(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.)

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED PH 2: 03
SECRETARY OF STATE