

206000008659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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01/25/06--01014--009 \*\*25.00

EFFECTIVE DATE  
1/23/06

FILED

2006 JAN 25 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06 JAN 25 AM 10:39

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TALLAHASSEE, FLORIDA

Charter Number Only

1/24

Dunkley & Associates  
Requestor's Name  
14100 Palmetto fountain Rd.  
Address  
Miami Lakes FL 33014 #201  
City State ZIP Phone  
821-6232A

VALIDATION ONLY

EFFECTIVE DATE  
1/23/06

FILED  
2006 JAN 25 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

MULTI RENTAL & Management, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Foreign            | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution        | <input checked="" type="checkbox"/> Other LLC       |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Reservation        | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Photo Copies       | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Call if Problem    | <input type="checkbox"/> Mail Out                   |
| <input type="checkbox"/> Will Wait           | <input checked="" type="checkbox"/> Pick Up |   |

Name
Availability
Document
Examiner
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Verifier
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Empire Toll Free: 1-800-432-3028

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Multi Rental & Management, LLC  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

3323 N.W. 116 St  
Miami, FL 33167

#### Mailing Address:

3323 N.W. 116 St  
Miami, FL 33167

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

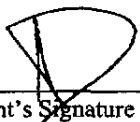
The name and the Florida street address of the registered agent are:

Lindsay Dunkley  
Name  
3323 N.W. 116 St  
Florida street address (P.O. Box NOT acceptable)  
Miami FL 33167  
City, State, and Zip

EFFECTIVE DATE  
1/23/14

FILED  
2009 JAN 23 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, 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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(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:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

Ariel Gonzalez  
3323 N.W. 116 St  
Miami, FL 33167

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/23/06. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Ariel Gonzalez  
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.)

Ariel Gonzalez  
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)