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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| SUBJECT: Rent Guarantee, LLC (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: | | |
| Dennis D. Lee (Name of Person) | | |
| (Name of Person) | | |
| The Apogee Companies | | |
| (Firm/Company) | | |
| 3600 So. Congress Avenue, Suite D | | |
| Boynton Beach, FL 33426 (City/State and Zip Code) | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Aken H. Lubitz Esq. at (561), 586-0499 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| \$125.00 Filing Fee Scrifficate of Status S155.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$160.00 Filing Fee Certified Copy (additional copy is enclosed) | & | |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| RENT GUARANTE | EE 11C. |
|--|--|
| (Must end with the words "Limited Liability Company, "Limited | d Company or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3600 So. Congress Ave. Suite D Boynton Beach FL 33 426 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the reference of the server of th | ered Agent. You must designate an individual or another egistered agent are: |
| Florida street addr BOYN For Beach City, State, ar Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per | ress (P.O. Box NOT acceptable) HANSE TO BOX NOT acceptable) |

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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:** 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.) 1)ennis

Filing Fees:

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

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

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

Typed or printed name of signee