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SECRETARY OF STATE AS DIVISION OF CORPORATIONS

JERYAN OCT 2,7 2006.

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Christy Pa	Name of Person)	
	Rentves	tor, LLC	060 DIVISIO
128	09 Canton	Firm/Company)	ICT 25 PH 1: 30
		(Address)	PH PH
	Hudson, 7	· 34669	CORPORATION 1: 31
	' (City	/State and Zip Code)	0
For further information	concerning this matter, please	call:	
Christy	Pagano of Person)	at (Area Code & Daytime To	9832 elephone Number)
	•		
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kent Vestor Limited Liability Company (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12809 Carton Que	saue
Hudson,76	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another South Francisco South F
Christy to	gano 33 Tel
	en Que
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable) FL 34669 ad 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Man The name and address of each Manag	aging Member(s): ger or Managing Member is as follows:	DIVISION OF D
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETAR CORPOR
MGRM	David Pagano 12809 Carton Ove	# 1:30 # 1:30
MGRM	Christy Hagano 12809 Canton Que Hudson, FL 34669	
MGRM	adan Vork 1885 Princeton	5r- 38765
MGRM	Lisa York 1885 Princeton Dr Clearnaters FC	
(Use attachment if necessary)	·	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: (OP e specific and cannot be more than five busin	TIONAL) less days prior
(In accordance with se of this document const that the facts stated I	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury nerein are true.) ped 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)

MGRM

M6RM

Jason Campbell 9252 Zincoe Lane Land O' Lakes, Fl 34638

Starsha Campbell 9252 Zincol CK. Land O' Lakes, Fl 34638

SECRETARY OF STATE AS DIVISION OF CORPORATIONS
016 OCT 25 PH 1: 30