107000026197

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	₩AIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only



200091520572

03/08/07--01023--007 **160.00

03 OL DO

SECRETARY OF STATE OF COAPORATIONS

1 BRYNS MAR - 9 2007.

COVER LETTER

TO:	Registration Se Division of Co					
SUBJI	ECT: Americ	an Eagle Rentals & F				
		(Name of Limite	d Liability Compa	ny)		•
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing	კ.		
Please	return all corresp	ondence concerning this matte	er to the following:	;		
	John E. Cu	Illigan Jr.			_	
		(Name of Person)		-	
	American E	Eagle Rentals & Rid	er Training L	.LC.		
			(Firm/Company)			TOTALS
	4928 NW	110 Terrace				O7 HAR -8 NH 11:07
			(Address)			8 4
	Coral Spri	ngs, FL. 33076				量
		(City	/State and Zip Code)		
For fur	ther information	concerning this matter, please	call:			
Rhon	nda Culligan		at (954)	675-476	4	
	(Name	of Person)	at (954) (Area Code	& Daytime To	elephone Number)	
Enclos	sed is a check for	or the following amount:				
☐ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fit Certified Copy (additional copy is	1	\$160.00 Filing Certificate of State Certified Copy (additional copy is en	us &
	· .	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	urier Addresson Section of Corporation uilding cutive Centeree, FL 32301	ns Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		SECRETARY OF STATEMS SECRETARY OF AM II: 07
		另一部
American Eagle Rentals & Rider Training LLC.		-B
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")	是影響
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
4928 NW 110 Terrace	4928 NW 110 Terrace	
Coral Springs, FL. 33076	Coral Springs, FL. 33076	- -
(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		FECTIVE, DATE
John E. Culligan Jr. Name		3/01/01
4928 NW 110 Terrace		
Florida street addr	ess (P.O. Box NOT acceptable)	
Coral Springs,	FL 33076	
City, State, an	nd Zip	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	is certificate, I hereby accept the appoint I further agree to comply with the provis	ment as sions of all

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:

MGR	John E Culligan Jr	
	4928 NW 110 Terrace	
	Coral Springs, FL. 33076	
MGR	Rhonda Culligan	
	4928 NW 110 Terrace	
	Coral Springs, FL. 33076	
		07 MAR 70
Use attachment if necessary)		

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 trace.)

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)