10700088034

(R€	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cr	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		DB

Office Use Only



100108508071

08/28/07--01014--009 **125.00

07 AUG 27 PM 12: 05
SECRETALIST STATE
ALLAHASSEE, FINBLIS

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: All T	railer Rental, LLC		
SUBJECT: 1	(Name of Limited L	iability Company)	
The enclosed Articles	s of Organization and fee(s) are sub	nitted for filing.	
Please return all corre	espondence concerning this matter to	o the following:	
Anna D	ragolich		
		ne of Person)	
Brenna	n, Manna & Diamo	nd, LLC	*
	(Fin	m/Company)	
75 East	t Market Street		
		(Address)	07 t
Akron,	Ohio 44308		AFFA AFF
	(City/Sta	ate and Zip Code)	SEE.
For further information	on concerning this matter, please cal	I:	PH 12: n
Anna Drago	olich at	\	060, Ext. \$51 ~
(Na	me of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check	for the following amount:		
✓\$125.00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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 Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
All Trailer Rental, LLC	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
75 East Market Street Akron, Ohio 44308	75 East Market Street Akron, Ohio 44308
	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
BMD Florida	<u> </u>
	Street, Suite 2110 Street address (P.O. Box NOT acceptable)

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)

Sohn F. Ma-tin, Vice Prayident

Jacksonville FL City, State, and Zip

(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" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Anthony S. Manna
	75 East Market Street
	Akron, Ohio 44308
(Use attachment if necessary)	
n effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
n effective date is listed, the date must be	
n effective date is listed, the date must be r 90 days after the date of filing.) REQUIRED SIGNATURE:	-
r 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)