608000094341

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
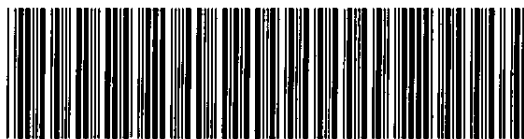(Business Entity Name)

_____
(Document Number)

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2008 OCT -3 AM 11: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT - 6 2008

EXAMINER

COVER LETTER

TO: **Registration Section**
            Division of Corporations

SUBJECT: **RV Connections Rental Center, 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:

Jack O'Neal Stewart, Jr
_____
(Name of Person)

RV Connections, Inc
_____
(Firm/Company)

3926 E 15th Street
_____
(Address)

Panama City, FL 32404
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen L Stewart _____ at (**850**) **763-6910** _____
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑$125.00 Filing Fee   ☐$130.00 Filing Fee &   ☐$155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                         Certificate of Status   Certified Copy   Certificate of Status &
                                                    (additional copy is enclosed)   Certified Copy
                                                                              (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

RV Connections Rental Center, LLC

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

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
RV Connections	RV Connections
3926 E 15th Street	3926 E 15th Street
Panama City, FL 32404	Panama City, FL 32404

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:
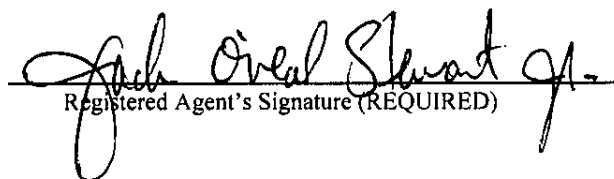
Jack O'Neal Stewart, Jr
Name

3926 E 15th Street
Florida street address (P.O. Box **NOT** acceptable)

Panama City   FL   32404
City, State, and 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 Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager	
"MGRM" = Managing Member	

MGR

Jack O'Neal Stewart, Jr
3001 W 10th Street #414
Panama City, FL 32401

MGRM

Karen L Stewart
3001 W 10th Street #414
Panama City, FL 32401

MGRM

Jack O'Neal Stewart, III
1209 Rhode Island
Lynn Haven, FL 32444

(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.)

Jack O'Neal Stewart, Jr
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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