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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Division of Corporations	
SUBJECT: JG FLORIDA RENTA	ALS, LLC
	ited Liability Company)
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
JOVER C. GONZALEZ	
	(Name of Person)
	(Firm/Company)
2206 GREEN MEADOV	
	(Address)
LUTZ, FL 33549	
(0	City/State and Zip Code)
For further information concerning this matter, plea	se call:
JOVER C. GONZALEZ	at (813) 317-6525
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
JG FLORIDA RENTALS,	LLC
(Must end with the words "Lin	mited 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:	of the principal office of the Limited Liability Company is <u>Mailing Address:</u>
•	
Principal Office Address:	Mailing Address:
Principal Office Address: 2206 GREEN MEADOW DR.	Mailing Address: 2206 GREEN MEADOW DR.

The name and the Florida street address of the registered agent are:

JOVER C. GONZALEZ Name

2206 GREEN MEADOW DR.

Florida street address (P.O. Box NOT acceptable)

LUTZ, FL 33549 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..

(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:

MGRM	JOVER C. GONZALEZ
	2206 GREEN MEADOW DR.
	LUTZ, FL 33549
MGR	OLGA E. GONZALEZ
	2206 GREEN MEADOW DR.
	LUTZ, FL 33549
	

(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.)

JOVER C. GONZALEZ

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)

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