Florida Department of State **Division of Corporations** Public Access System

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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

: HOBCO Account Name

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

KT'S RENTAL MGMT LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

S. HAWKES

APR 1 0 2009

EXAMINER

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Corporate Filing Menu

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FLOR	ARTICLES OF ORGANIZATION FOR RIDA LIMITED LIABILITY COMPANY	H09000084730
ARTICLE I - Name The name of the Limited Liability Compan	nyis: KT'S RENTAL MGMT LLC	IRR-9
ARTICLE II - Address		نه در از با
The mailing address and street address of t	the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
17 Highland Circle	17 Highland Circle	
Sanford, NC 27332	Sanford, NC 27332	
ARTICLE III - Registered Agent The name and Florida street address of the	t, Registered Office & Registered Agent's Signat e registered agent are:	ure
	Harry M. Samuels	

Fort Lauderdale, FL 33312 (City / State / Zip)

2901 Stirling Road - Suite 307

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 abligations of my position as registered agent as provided for in Chapter 608, F.S.

Name

(P.O. Box or Mail Drop Box NOT Acceptable)

Registered Agent's Signature - Harry M. Samuels

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H09000084730

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

<u>Title:</u>

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Michael Sean Phillips - 17 Highland Circle, Sanford, NC 27332

MGR

Varunee Phillips - 17 Highland Circle, Sanford, NC 27332

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(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of amember or authorized representative of a member.

(In accordance with section 668.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Harry M. Samuels, Authorized Representativce

Typed or printed name of signee