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(Requestor's Name)	
(Address)	90015783369
(Address)	
(City/State/Zip/Phone #)	
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JUN 3 0 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of	Corporations		
SUBJECT:	F	Rentpads, LLC	
	Name of Limit	led Liability Company	_
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
44.444.4 18	<u>_</u>	oustin Radney	
		Name of Person	
	Re	THTPHOS	
<u> </u>		Firm/Company	-
•	,		
	886	Welch Hill Circle	
		Address	
	. ,	oka, Florida 32712	
	Ci	ty/State and Zip Code	
	dusti	in.radney@gte.net	
	E-mail address: (to be used	for future annual report notification)	
For further informat	ion concerning this matter, pleas	e call:	2009 SEC
	ustin Radney	_at (407)595-7989	SECRETARY
Na	ime of Person	Area Code & Daytime Telephone Number	29
Enclosed is a chec	k for the following amount:	کر ساز کارن کارن	P P III
✓ \$125.00 Filing Fe	ce \$\Bigsilon\$\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of S Certified Copy (additional copy is	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
Rent	pads, LLC	
(Must end with the words "Limit	ited Liability Company," "L.L.C.," or "L.L.C.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
1604 Majestic Oak Drive	1604 Majestic Oak Drive	
Apopka, FL 32712	Apopka, FL 32712	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Sig own Registered Agent. You must designate an individual of of the registered agent are:	mature: orange Care LLAHE AHE AHE AHE AHE AHE AHE AHE AHE AHE
		N 29 TARY ASSE
<u> </u>	ustin Radney Name	
<u> </u>	ajestic Oak Drive ress (P.O. Box NOT acceptable)	PH I: 03
Apopka, FL 32	2712 _{FL}	
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:

itle:		Name and Address:	
MGR" = Manag MGRM" = Man			
//GR		Dustin Radney	
	_	1604 Majestic Oak Drive	
		Apopka, FL 32712	
•		Apopha, IL Serie	
IGR		Cynthia Stasie	
		1604 Majestic Oak Drive	
		Apopka, FL 32712	
	National Control of the Control of t		
	_		
	ted, the date must be	date of filing: (OPTIONAl e specific and cannot be more than five business days	-
<u>REQUIRED</u> SI	17	E Day	
	Signature of a membe	er or an authorized representative of a member.	
	(In accordance with sec	ction 608:408(3), Florida Statutes, the execution	
	of this document const	titutes an affirmation under the penalties of perjury	
	that the facts stated her	======================================	
		Dustin Radney	
Filling Food	· · · · · · · · · · · · · · · · · · ·	pod of printed name of signee	
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