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SECRETARY OF STATES

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Best lentals Unlimited LI 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:
<u> Listine</u> Godstein
5882 NN 23-Q WAY
Boca Raton FL 33494
City/State and Zip Code  Knisting Gold Q Gold. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wristine Goldstemat (Sle1) 239-8100  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{Certified Copy (additional copy is enclosed)}\$\$
Mailing Address Registration Section Division of Corporations P.O. Box 6327  Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	$\mathbf{C}$	LE	I	-	N	am	e
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The name of the Limited Liability Company is:

Best Rentals Unlimited LLC

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

### **ARTICLE II - Address:**

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

Suite 205 Bold Raton FL 3343	BOW BATON FL 33494	
	stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another	ė. Š
The name and the Florida street address o	of the registered agent are:	SION OF
5882 1	Name NB 23rd WAY	. 30 A &
BOCA	ss (P.O. Box NOT acceptable)  State, and Zip	NATON:

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 Mana The name and address of each Manag	er or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORW – Managing Member	
MGR	Daniel Goldstein
	1475 W CYPRISS CREEK KO
. 00.	Suite 202 Ft sauderdale T
MGLM	desisting Coldstan
<u> </u>	5882 NW CO WAY
	SOLA RATION FL 3349V
m GPM	Edward of Ralhicec
	HOUR SABAT PAIM Blud
^	Unit 408 Tamprac FL 33319
$M \subseteq PM$	+ . TS, 50-101:
III G CI	DOUDA F. DINISCAICHI 2670 E. JUNIUSE BURG #90
	EDRILAUDEPDALE FL 3330
(Use attachment if necessary)	100100000000000000000000000000000000000
CLE V: Effective date, if other than the	· · · · · · · · · · · · · · · · · · ·
effective date is listed, the date must be O days after the date of filing.)	e specific and cannot be more than five business days prior
o days after the date of filing.)	<u></u>
REQUIRED SIGNATURE:	
10/	( Ool
Signature of a member	r or an authorized representative of a member.
	etion 608.408(3), Florida Statutes, the execution
of this document const	itutes an affirmation under the penalties of perjury
that the facts stated her	rein are true.)
<u> </u>	INC VOIDSTEIN
Filing Fees:	ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)