

L090000113283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

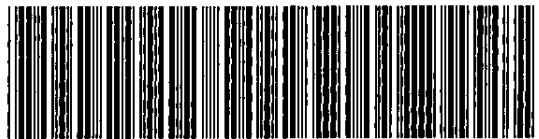
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200163020752

11/24/09--01046--029 **160.00

FILED
09 NOV 24 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 25 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

CRentals, LLC

Name of Limited Liability Company

FILED
09 NOV 24 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald Caple

Name of Person

Firm/Company

4134 Sawms Dr

Address

N Ft Myers, FL 33903

City/State and Zip Code

susancaple@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Caple

Name of Person

at (239) 470-8055

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRentals, 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:

4134 Sawms Dr ← same
N Ft Myers, FL 33903

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:

Donald Caple
Name
4134 Sawms Dr
Florida street address (P.O. Box **NOT** acceptable)
N Ft Myers FL 33903
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..

Donald Caple
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
09 NOV 24 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 24 AM 11:29
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Ellis Caple
1305 E 113th ST Apt 1
Denver, CO 80218

MGRM

Donald Caple
4134 Sawm's Dr
N Ft Myers, FL 33903

MGRM

Susan Caple
4134 Sawm's Dr
N Ft Myers, FL 33903

(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:

Donald Caple
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.)

Donald Caple
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)