L10000 50480

(Requestor's Name)
(Address)
(Address)
(issuess,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enar, Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opecial instructions to 1 ming officer.

Office Use Only



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05/04/10--01019--029 **130.00

10 HAY 11 AM 10: 26

B. KOHR

MAY 1 1 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2010

FRANK CORREA 1156 JASPER STREET LARGO, FL 33770

SUBJECT: EAGLE RENTALS, LLC

Ref. Number: W10000021800

107-34891

10 HAY 1 M B 26

We have received your document for EAGLE RENTALS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$130.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 810A00011168

COVER LETTER

	stration S ion of Co	ection rporations		
SUBJECT:	Iasne	r Rentals, LLC		S.
S QUARTER K.	oaspe	Name of Limit	ed Liability Company	1
				1
The enclosed	Articles of	Organization and fee(s) are	submitted for filing.	3rd
Please return a	ıll corresp	ondence concerning this mat	ter to the following:	.•
		Frank Correa	,	
			Name of Person	
				•
		Jasper Rentals,		
			Firm/Company	
		4456		
		1156 Jasper St.	Address	
	•		·	,
		Largo, FL 33770		
		Cit	y/State and Zip Code	
		E-mail address: (to be used	for future annual report notification)	
For further infe	ormation (concerning this matter, please	e call:	
Fra	nk Co	rrea	at (727) 542-8027	7
		of Person	Area Code & Daytime Tele	
Enclosed is a	check fo	r the following amount:		
□\$ 125.00 Filii	ng Fee	\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ty Company, "L.L.C.," or "LLC.")
The hame of the Billinea Blacking Company is:	* P. S.
Jasper: Rentals, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	S. Carlotte and C. Carlotte an
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1156 Jasper St.	1156 Jasper St.
Largo, FL 33770	Largo, FL 33770
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another .
Frank Correa	
Name	
1156 Jasper S	+
	ress (P.O. Box NOT acceptable)
_	
Largo City. Sta	<u>FL 33770</u> te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ire (KEQ UIKED)
(CONTI	NUED)

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Frank Correa
	1156 Jasper St.
	Largo, FL 33770
•	
	<u> </u>
	·
	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION
LE V: Effective date, if other than fective date is listed, the date must	the date of filing: (OPTION st be specific and cannot be more than five business dates
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LE V: Effective date, if other than	the date of filing: (OPTION st be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)	st be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing:

Filing Fees:

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

Frank Correa

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

MSRM