Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000189996 3)))



H100001899963ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. LEASING ON WHEELS LLC

Certificate of Status

0

Certified Copy

1

Page Count

03

Estimated Charge

\$155.00

G. MCLEO

Electronic Filing Menu

Corporate Filing Menu AUG-25 2010

EXAMINER

H10000189996

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is			
Must end with the words "Limited Liab	hilly Company "", I.C." or "I.C."		
(Water end will use walter Printies Print	unity Company, Science, in Lie.	•	
ARTICLE II - Address: The mailing address and street address of the particle address and street address address and street address and street address and street address address address and street address and street address and street address address and street address addres	principal office of the Limited Liability Con	npany is:	
Principal Office Address:	Mailing Address:		
12910 SW 72 Terr	sm.		
mimi FL 33183			
Florida strect address (P.C. City, State, Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac	e registered agent are: CARCIA DO BOX NOT acceptable) FL 33183 And Zip To accept service of process for the above states this certificate, I hereby accept the appointments.	10 AUG 24 AH 9: 53 and limited ment as ions of all	0.20

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H10000189996

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: <u>Title:</u>
"MGR" = Manager Name and Address: "MGRM" = Managing Member MGRM (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:** 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.) Carlos M. Claro Typed or printed name of signce

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)

Page 2 of 2