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Certified Copies Certificates of Status	
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SECRETARY OF SMITH

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: GET ME RENT LLC
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:
ALEJANDRO M ABELLO
Name of Person
GET ME RENT LLC
Firm/Company
199 E. FLAGLER ST, # 414
Address
MIAMI,FL 33131
City/State and Zip Code
alejandro.abello@getme.com.co
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALEJANDRO M ABELLO at (954) 4398868
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\scrip{\scrip{1}}\$\$\$ \$130.00 Filing Fee \$\scrip{\scrip{1}}\$\$ Certificate of Status \$\scrip{\scrip{1}}\$\$ Certified Copy (additional copy is enclosed) \$\scrip{\scrip{1}}\$\$ (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

The name of the Limited Liability Company i		
GET ME RENT LLC	1.T	
(Must end with the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
199 E. FLAGLER ST	199 E. FLAGLER ST	
# 414	# 414	
MIAMI ,FL 33131	MIAMI ,FL 33131	
The name and the Florida street address of the ALEJANDRO M ABE Nan 199 E. FLAGLE	R ST,# 414	FILED 11 OCT -3 AM II: 10 SECKLIANT OF STATE ALLAHASSEE, FLORIDA
Florida street address (P.O. Box NOT acceptable)		
MIAMI	_{FL} 33131 `	A
City,	State, and Zip	•
Having been named as registered agent and t liability company at the place designated it registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept the city. I further agree to comply with t performance of my duties, and I am	appointment as he provisions of all familiar with and

June Jones

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	ALEJANDRO M ABELLO
	199 E. FLAGLER ST, #414
	MIAMI,FL 33131
MGRM	FRANKLIN E VERGARA
	199 E. FLAGLER ST, # 414
	MIAMI,FL 33131
(Use attachment if necessary)	:
	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	SECURE IN OC.
Signature of a	member or an authorized representative of a member.
constitutes an affirmation I am aware that any false constitutes a third degree	n under the penalties of perjury that the facts stated herein are true.
ALEJAND	DRO M ABELLO
	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)