

**K. SALLY
EXAMINER**
DEC 16 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Venture Out Rental I¹ 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:

G. Ingrid Kubiak

Name of Person

My Venture Out Rental I¹ LLC

Firm/Company

22 Bluebeard Way

Address

Waretown, NJ 08758

City/State and Zip Code

ingk49@aol.com

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

For further information concerning this matter, please call:

G. Ingrid Kubiak

Name of Person

at (609) 598-1634

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:

My Venture Out Rental I "LLC"

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

EFFECTIVE DATE
12-20-2011

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

22 Bluebeard Way
Waretown, NJ 08758

C/O Gary Kubiak
22 Bluebeard Way
Waretown, NJ 08758

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:

Trish Brummer
Name

701 Spanish Main Dr # 278
Florida street address (P.O. Box **NOT** acceptable)

Cudjoe Key FL 33042
City, State, and Zip

FILED
11 DEC 15 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Trish Brummer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

" MGR "

Name and Address:

G. Ingrid Kubiak

22 Bluebeard Way

Waretown, NJ 08758

" MGR "

Gary F. Kubiak

22 Bluebeard Way

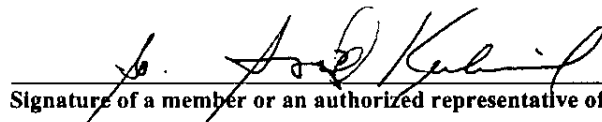
Waretown, NJ 08758

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 20, 2011. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

G. Ingrid Kubiak

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)