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| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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T. CLINE

JUN 18 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

| SUBJECT: H&H | l Rentals, LLC | | |
|------------------------|---|--|-----------------------------|
| | Name of Limi | ted Liability Company | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filing. | |
| Please return all corr | respondence concerning this ma | tter to the following: | |
| Penny J H | onc | Name of Person | |
| H & H Rei | ntals, LLC | | _ |
| | | Firm/Company | |
| 7015 How | ard Road | | |
| | | Address | |
| Bokeelia, F | | ty/State and Zip Code | |
| honcs@en | nbarqmail.com E-mail address: (to be used | for future annual report notification) | _ |
| For further informati | on concerning this matter, pleas | se call: | |
| Penny J. Honc | | at (239) 283-1633 | |
| Na | me of Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check | for the following amount: | TAL SE | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | i |
| | 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 | * _{10,11} € |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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| ANTICLES OF ONGANIZATION FOR | CPLONIDA LIMITED LIAD | ILITT COMPANT |
|--|--|--|
| ARTICLE I - Name: | | |
| The name of the Limited Liability Company | / IS: | |
| H & H Rentals, LLC | | |
| | Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of the | e principal office of the Limited | I Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 7015 Howard Road | 7015 Howard Road | |
| Bokeelia, FL 33922 | Bokeelia, FL 33922 | |
| | | |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) | ered Office, & Registered Ager Registered Agent. You must designate an in | nt's Signature: ndividual or another |
| The name and the Florida street address of the | he registered agent are: | |
| Penny J. Honc | | |
| | ame | |
| 7015 Howard Road | | |
| | t address (P.O. Box NOT acceptable) | |
| Bokeelia | FL33922 | |
| City | , State, and Zip | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r | in this certificate, I hereby accep acity. I further agree to comply w e performance of my duties, and I | ot the appointment as with the provisions of all I am familiar with and |
| Registered Agent's Sig | gnature (REQUIRED) | 2012 JUN 15 SECRETARY |
| (CONT | TINUED) | |
| Page 1 | of2 | STATE OF STA |

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| Penny J. Honc, MGR | 7015 Howard Road Bokeelia, FL 33922 |
| Robin J. Howell, MGR | 140 West Del Monte Avenue Clewiston, FL 33440 |
| | |
| | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other than teffective date is listed, the date must | the date of filing: $\frac{6/13/2012}{2012}$. (OPTIONAL the specific and cannot be more than five business days |
| CLE V: Effective date, if other than t | |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) | t be specific and cannot be more than five business days |
| CLE V: Effective date, if other than to effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an affirmation under the date of t | nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State |
| CLE V: Effective date, if other than to effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an affirmation under that any false information of the constitutes are that any false information.) | nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Typed or printed name of signee |
| CLE V: Effective date, if other than to effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an affirmation under the date of t | nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) |