

L12000122324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EXAMINER



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09/24/12--01039--018 **125.00

FILED
12 SEP 24 PM 3:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

LAWRENCE J. BERNARD, P.A.

Attorney At Law

480 Busch Drive
Jacksonville, Florida 32218

Telephone: (904) 751-6980
bernardlaw.net

Fax No: (904) 751-6983
schuylaw.com

September 19, 2012

Secretary of State
Division of Corporations
The Capitol
P.O. Box 6327
Tallahassee, Florida 32314

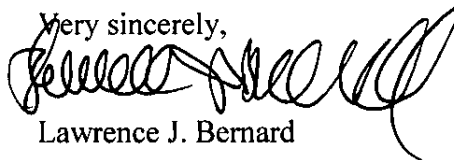
Re: CEK Rentals, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for the above referenced limited liability company for filing. A check in the amount of \$125.00 is enclosed for your fee.

Thank you for your kind attention to this matter. Please return the confirmation of filing to my office.

Very sincerely,



Lawrence J. Bernard

LJB:jl
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CEK Rentals, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

13803 Tortuga Point Drive
Jacksonville, Florida 32225

Mailing Address:

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:

Lawrence J. Bernard

Name

480 Busch Drive

Florida street address (P.O. Box **NOT** acceptable)

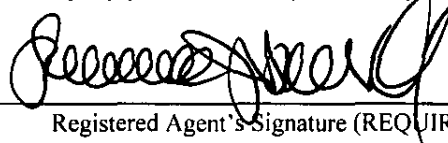
Jacksonville

FL 32218

City, State, and Zip

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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..



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

Name and Address:

MGRM

Stephen Kuehn

13803 Tortuga Point Drive

Jacksonville, Florida 32225

MGRM

Chanda Kuehn

13803 Tortuga Point Drive

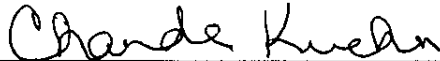
Jacksonville, Florida 32225

(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. 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.)

Chanda Kuehn

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)