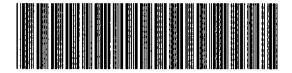
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SINISION OF COSPORATES

C. LEWIS

JAN 2 2 2013

EXAMINER

(850) 245-6051.

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Seventh Place Rentals 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:
Paul Barreto
Name of Person
Firm/Company
112 Point South Drive
Address
Welaka, Florida 32193-2004
Address  Welaka, Florida 32193-2004  City/State and Zip Code  Paulbarreto @ ad . Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter please call:
For further information concerning this matter, please call:
Paul Barreto at (904) 264-7995  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee &  □\$155.00 Filing Fee &  Certificate of Status  □\$155.00 Filing Fee &  Certified Copy  (additional copy is enclosed)  □\$160.00 Filing Fee,  Certified Copy

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

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Seventh Place 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:  Mailing Address:
112 Point South Drive 112 Point South Drive Welaka, Florida 32193-2004 Welaka, Florida 32193-2004
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:
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Paul Barreto Name
112 Point South Drive
Welaka FL 32193-2004 City, State, and Zip
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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:		FILET SECRETARY OF STATE DIVISION OF CORPORATE AN	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2013 JAN 18 AM 10: 47	
mgr	Paul Barreto 112 Point South Driv Welaka Florida 3219	<u>re</u> 3-2004	
mgem	Maureen Barreto 112 Point South Welaka, Florida 32193	3-2004	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must	ne date of filing: 1/11/13 st be specific and cannot be more than	. (OPTIONAL) five business days	
prior to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:  Signature of a memb	Docuter per or an authorized representative of a membe	<u>-</u>	
(In accordance with section 60 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this does the penalties of perjury that the facts stated here remation submitted in a document to the Department page 25.817.155, F.S.)	ocument ein are true.	

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)