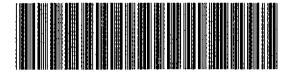


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EXAMINER

TO: - Registration Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Gellert 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: Michael J. Gellert Name of Person Firm/Company 4227 Wildstar Circle Address Wesley Chapel/FL 33544 City/State and Zip Code beastiecpa@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael J. Gellert Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy 🚍 (additional copy is enclosed) Street/Courier Address Mailing Address Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Geliert Rentals, LLC		
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LL	.C.")
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Compan	ıy is:
Principal Office Address:	Mailing Address:	
4227 Wildstar Circle	Same	<u></u>
Wesley Cnapel, FL 33544		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida retained and the Florida street address of the manual Michael J. Gellert	s its own Registered Agent. You must designa egistration.)	ZBIN JAN -6
4227 Wildstar Circle	DO Day NOT accentable)	
	P.O. Box <u>NOT</u> acceptable)	PH 12: 48
ννesiey Cnapei	FL 33544	= =
City	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Michael J. Gellert	
	4227 Wildstar Circle	
	Wesley Chapel, FL 33544	
wee	Naharia Gallan	
AMBR	Nektaria Gellert 4227 Wildstar Circle	
	Wesley Chapel, FL 33544	
(Use attachment if necessary)		
E V: Effective date, if other than the date of fili ective date is listed, the date must be specific of filing.)	ing: (OPTIC and cannot be more than five business days p	ONAL) orior to or
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