L14000014795

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	 ne)
,	·	·
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300253974203

01/23/14--01011--022 **155.00

JAN 28 2014 T CLIN. 2014 JAN 23 FM 1:56

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Island in THE Sun 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:
AUDREY GERVASI
Name of Person
ISLAND IN THE SUN RENTALS LLC
Firm/Company
1001 STARKEY RD #1
Address
LARGO FL 33771
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AUDREY GERVASI (727) 523-1810
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \ \text{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

island in the sun rentals	limited liability company,lic		
	(Must end with the words	"Limited Liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Ad The mailing addres		rincipal office of the Limited Liability Comp	any is:
Principal Office A	<u>address:</u>	Mailing Address:	
1001 starkey rd #1		1001 Starkey Rd #1	
Largo , fl 33771		same	
		_	
another business e	lity Company cannot serve a ntity with an active Florida re	d Office, & Registered Agent's Signature: as its own Registered Agent. You must design registration.)	nate an individual or
another business e	lity Company cannot serve a ntity with an active Florida re Florida street address of the ralph mahairas	is its own Registered Agent. You must designegistration.)	nate an individual or
another business e	ntity with an active Florida re	is its own Registered Agent. You must designegistration.)	nate an individual or
another business e	ntity with an active Florida re Florida street address of the r	as its own Registered Agent. You must design registration.) registered agent are:	nate an individual or
another business e	ntity with an active Florida re Florida street address of the re raiph mahairas 1001 starkey rd #1	as its own Registered Agent. You must design registration.) registered agent are:	
another business e	ntity with an active Florida re Florida street address of the re raiph mahairas 1001 starkey rd #1	is its own Registered Agent. You must designegistration.) registered agent are: Name	28 L 28 L
another business e	ralph mahairas 1001 starkey rd #1 Florida street address (is its own Registered Agent. You must design registration.) registered agent are: Name (P.O. Box NOT acceptable)	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
Mgr	Ralph Mahairas		
	1897 Clearwater Harbor Dr		
	Largo , fl 33770		
			
(Use attachment if necessary) EV: Effective date, if other than the date of fil	ling: January 21, 2014 . (OPTIONAI	L)	
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.)	ling: January 21, 2014 (OPTIONAI e and cannot be more than five business days prior	L) to or 90) da
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.)	ling: January 21, 2014 (OPTIONAI e and cannot be more than five business days prior	L) to or 90) da
E V: Effective date, if other than the date of fil ective date is listed, the date must be specific of filing.) E VI: Other provisions, if any.	and cannot be more than five business days prior	L) to or 90) da
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior	L) to or 90) da
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	r or an authorized representative of a member,	to or 90	
E V: Effective date, if other than the date of file ective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member than accordance with section 605.0	r or an authorized representative of a member.	to or 90	
E V: Effective date, if other than the date of filective date is listed, the date must be specific filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under	r or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this do the penalties of perjury that the facts stated herein are	ocument	
E V: Effective date, if other than the date of file ective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the accordance with section 605.0 constitutes an affirmation under I am aware that any false inform	r or an authorized representative of a member. 2203 (1) (b), Florida Statutes, the execution of this do the penalties of perjury that the facts stated herein are lation submitted in a document to the Department of Statutes.	ocument	
E V: Effective date, if other than the date of file ective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the accordance with section 605.0 constitutes an affirmation under I am aware that any false inform	r or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this do the penalties of perjury that the facts stated herein are	ocument	
E V: Effective date, if other than the date of file ctive date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the accordance with section 605.0 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	r or an authorized representative of a member. 2203 (1) (b), Florida Statutes, the execution of this do the penalties of perjury that the facts stated herein are lation submitted in a document to the Department of S as provided for in s.817.155, F.S.)	ocument	t
E V: Effective date, if other than the date of file ctive date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the accordance with section 605.0 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	r or an authorized representative of a member. 2203 (1) (b), Florida Statutes, the execution of this do the penalties of perjury that the facts stated herein are lation submitted in a document to the Department of Statutes.	ocument	t
E V: Effective date, if other than the date of file ctive date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the accordance with section 605.0 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	r or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this do the penalties of perjury that the facts stated herein are nation submitted in a document to the Department of S as provided for in s.817.155, F.S.) ped or printed name of signee	ocumente true.	
E V: Effective date, if other than the date of file ective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (Imaccordance with section 605.0 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Ralph Mahairas Type	r or an authorized representative of a member. 2203 (1) (b), Florida Statutes, the execution of this do the penalties of perjury that the facts stated herein are lation submitted in a document to the Department of S as provided for in s.817.155, F.S.)	ocument	t

Page 2 of 2