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B. BOSTICK

APR - 7 2014

EMAMINED

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	Junipe Name of Lin	r Rentals, LLC mited Liability Company
The enclosed	d Articles of Organization and fee(s) a	are submitted for filing.
Please return	all correspondence concerning this m	natter to the following:
-		P. Rechtzigel Name of Person
-	Juipe	r Rentals, LLC Firm/Company
_	4510	N. Key Dr. #706
	North	Pentals, LLC Firm/Company N. Key Dr. #706 Address Fort Myers, FL 33903 City/State and Zip Code h + Zigel @ yahoo. Company address for future annual report notification)
	Jaynereck E-mall address: (to be use	City/State and Zip Code h+Zigel @ yahoo. Com ed for future annual report notification)
For further i	nformation concerning this matter, ple	
Don	Recht Zigel at (715 505 1949 Area Code Daytime Telephone Number
	a check for the following amount: ing Fee \$\sumsymbol{\sumsymbol{1}}\$\$\$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)
	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

The name of the Limited Liability Company is:	
Juniper Pentals, LL	
(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 Con	mpany is:
Principal Office Address: 4510 N. Key Dr. #706 N. Fort Myers FL 33903 Mailing Address: 4510 H. Key N. Fort M 33903	pr. #706 yers FL
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must desanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	1
The name and the Florida street address of the registered agent are: Donald T. Rech + Warne H510 M. key Dr. # Florida street address (P.O. Box NOT acceptable)	2,901
Name Name	706
Florida street address (P.O. Box NOT acceptable)	
KI For H. Muers 33905	-
N. Fort Myers 33905	
Having been named as registered agent and to accept service of process for the above state the place designated in this certificate, I hereby accept the appointment as registered a capacity. I further agree to comply with the provisions of all statutes relating to the proposition of my duties, and I am familiar with and accept the obligations of my position as register Chapter 605, F.S Registered Agent's Signature REQUIRED	gent and agree to act in this er and complete performance
(CONTINUED)	
Page 1 of 2	
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	13. 30 13. 30

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AM BR	Ponald J. Rechtzigel, Thee of the Rechtzigel Trust dated 6/6/13
(Use attachment if necessary)	filing: (OPTIONAL)
	fic and cannot be more than five business days prior to or 90 days
effective date is listed, the date must be specific of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	- Q 11, A
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony a	per or an authorized representative of a member. 203 (1) (b), Florida Statutes) the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony a	per or an authorized representative of a member. 203 (1) (b), Florida Statutes) the execution of this document the penalties of perjury that the facts stated herein are true. Ition submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony a	per or an authorized representative of a member. 2003 (1) (b), Florida Statutes) the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.) Rechtzigel, Through Green and Designation of Registered Agent