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Certified Copies	Certificates of	Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RentPools Vame of Lim	nited Liability Company
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this ma	-
Natalia Martinez	Name of Person
RentPools	
	Firm/Company
2002 NE 40 Road	Address ity/State and Zip Code I for future annual report notification)
2002 NE 40 ROAU	Address
	75 - 19
Homestead, FL 33035	
C	ity/State and Zip Code
nvenerio@gmail.com	
E-mail address: (to be used	I for future annual report notification)
For further information concerning this matter, plea	se call:
Natalia Martinez at (3	
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
_	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	Certified Copy (additional copy is enclosed) \$\int \frac{1}{3}160.00\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
RentPools (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Natalia Martinez Evan Martinez	2002 NE 40 Road, Homestead FL 33033 2002 NE 40 Road, Homestead FL 33033
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Natalia Martinez Name	Registered Agent. You must designate an individual or
2002 NE 40 Road	=====================================
Florida street address (P.O. Box I	NOT acceptable)
Homestead	FL 33033
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties; and I am familiar with and accept the oblig	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in the 605, F.S

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MNGR	Natalia Martinez
MNGR	Evan Martinez
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	=1,
(Use attachment if necessary) EV: Effective date, if other than the dat	te of filing: (OPTIONAL)
EV: Effective date, if other than the dat	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
E.V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90 periods and cannot be more than five business days prior to or 90 periods of an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
E.V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90 member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)