## 114000110205

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	gistration Section rision of Corporations	
SUBJECT:	Eden Ren-	tals LLC.
ocauci,		d Liability Company
The enclosed	d Articles of Organization and fee(s) are so	abmitted for filing.
Please return	all correspondence concerning this matte	r to the following:
	Jerry E.	Carpenter Name of Person
_	1	lame of Person
	Eden Re	ntals LLC
		Firm/Company
	10187 He	Address
-		Addiess
	Jacksonv	Ille, FL 32246 State and Zip Code
	<b>3</b> Giantsf	State and Zip Code  Son 291 D hotmail. Com  r future annual report notification)
For further is	nformation concerning this matter, please	•
	-	104 309 - 2599  rea Code Daytime Telephone Number
	Name of Person A	rea Code Daytime Telephone Number
Enclosed is a	a check for the following amount:	
\$125.00 Fili	Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy additional copy is enclosed)  \$250.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Division of Corporations	Division of Corporations

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Eder	Rentals L	LC.	
(Mı	ist end with the word	ls "Limited Liability	Company, "L.I.	C.," or "LLC.")
ARTICLE II - Address: The mailing address and		principal office of the	e Limited Liabi	lity Company is:
Principal Office Addres	<u>s:</u>	<u>Mailin</u>	g Address:	
10187 He	rndon Roz	ad	10187	Herndon Road Onville, FL 32246
•	ed Agent, Register ompany cannot serve	ed Office, & Registe as its own Registered	red Agent's Si	
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registere ompany cannot serve vith an active Florida	ed Office, & Registered as its own Registered registration.)	red Agent's Si I Agent, You n	gnature:
ARTICLE III - Register (The Limited Liability Co	ed Agent, Register of company cannot serve with an active Florida street address of the	ed Office, & Register as its own Registered registration.)	red Agent's Si I Agent. You n	ignature: nust designate an individual or
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Register of company cannot serve with an active Florida street address of the	ed Office, & Register as its own Registered registration.)	red Agent's Si I Agent. You n	ignature: nust designate an individual or
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ARTICLE III - Register (The Limited Liability Coanother business entity was and the Florida —	ed Agent, Register of ompany cannot serve with an active Florida street address of the 10187	ed Office, & Registered as its own Registered registration.)  registered agent are:  Name  Herry 6  (P.O. Box NOT accord)	red Agent's Si I Agent. You n Of penter Road	ignature: nust designate an individual or

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Text F Carnest
	Jerry E. Carpente 10187 Hernaun Dosd Jax Fl 32.2.46
	JOX FL 32.2.46
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mus	he date of filing:
LE V: Effective date, if other than	he date of filing:, (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than fective date is listed, the date must of filing.)	he date of filing:, (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 da
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LE V: Effective date, if other than fective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Juny & Capta  of a member or an authorized representative of a member.
LE V: Effective date, if other than fective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmation I am aware that any fall	Deny & Captanot be more than five business days prior to or 90 day
LE V: Effective date, if other than fective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmation I am aware that any fall	of a member or an authorized representative of a member.  tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
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LE V: Effective date, if other than flective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with sec constitutes an affirmati I am aware that any fall constitutes a third degree	of a member of an authorized representative of a member.  tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, is information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)  Jerry E. Carpen L.  Typed or printed name of signee  Filing Fees:  of Organization and Designation of Registered Agent