## L14000118756

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Di-		
(Busin	ess Entity Nar	пеј
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer	
opodiai mondonono to i m	ing Officer.	

Office Use Only



000262409290

07/28/14--01010--008 \*\*125.00

14 JUL 28 AM II: 53
SECRETARY OF STATE
ALL AHASSEF, FLORID

ERM

## **COVER LETTER**

10;	Division of C			
SUBJE	CT: <u>R&amp;R C</u>	ondo Rentals		
		Name of Lir	nited Liability Company	
The end	closed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Craig Jar	rett		
			Name of Person	
	·	<u> </u>	Firm/Company	
	20211			
	800 Hard	lage Farm Dr NW	Address	
	<u>Marietta</u>	GA 30064		
			City/State and Zip Code	
ga	jarretts@hotr	nail.com E-mail address: (to be use	d for future annual report notifica	tion)
For furt	her information	n concerning this matter, plea	ase call:	
<u>Craio</u> .	Jarrett	at ( )	678 ) 8494754	
		ne of Person		ephone Number
Enclose	ed is a check fo	r the following amount:		
<b>☑ \$</b> 125.0	0 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address	Street/Courier Addi	ress
		stration Section sion of Corporations	Registration Section Division of Corporat	ions
		Box 6327	Clifton Building	
		ahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
R&R Condo Rentals LLC	iability Company, "L.L.C.," or "LLC.")	
(Must end with the words "Limited L	laothly Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Craig Jarrett 5300 South Atlantic Ave 19-201 New Smyrna Beach Florida 32169	5300 South Atlantic Ave unit 19-201 New Smyrna Beach Florida 32169	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or	
The name and the Florida street address of the registered a	gent are:	
Craig Jarrett		
Name		
5300 South Atlantic Ave unit 19	)-201	
Florida street address (P.O. Box 1	NOT acceptable)	
New Smyrna Beach	FL 32169	
City	Zip	
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig		
(CONTINUE)	~,	
D 1 69		

14 JUL 28 AH 11:53

Title:	Name and Address:	
"AMBR" = Authorized	Member	
"MGR" = Manager		
ambr	craig jarrett	
	800 hardage farm dr nw	
	marietta ga 30064	
<del></del>		
	<del></del>	<del></del>
(Use attachment if neces	nom:\	
fective date is listed, the	her than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to	) o or 90 c
LE V: Effective date, if of fective date is listed, the of filing.)  LE VI: Other provisions, i	her than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to	) o or 90 (
fective date is listed, the of filing.)	her than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to	) o or 90 c
fective date is listed, the of filing.)	her than the date of filing: (OPTIONAL date must be specific and cannot be more than five business days prior to	) o or 90 c
fective date is listed, the of filing.)  LE VI: Other provisions, i  REQUIRED SIGNATI  Si  (In accordance constitutes an I am aware the	her than the date of filing: (OPTIONAL date must be specific and cannot be more than five business days prior to	ment
rective date is listed, the of filing.)  LE VI: Other provisions, is recovered by the provisions of th	her than the date of filing:	ment e.
REQUIRED SIGNATO  (In accordance constitutes and I am aware the constitutes at the consti	fany.  JRE:  gnature of a member or an authorized representative of a member.  with section 605.0203 (1) (b), Florida Statutes, the execution of this docur affirmation under the penalties of perjury that the facts stated herein are true any false information submitted in a document to the Department of State mird degree felony as provided for in s.817.155, F.S.)	ment e.
REQUIRED SIGNATION (In accordance constitutes and I am aware the constitutes at the const	her than the date of filing:	ment e.
REQUIRED SIGNATION (In accordance constitutes and a mayer the constitutes at the constitu	her than the date of filing:	ment e.

Page 2 of 2