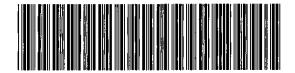
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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14 OCT 20 PH 2: 35

TO:	Registration Section
	Division of Corporations

: APALACHEE RENTALS CMF, LCC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charlotte Forehand
Name of Person
Firm/Company
. ,
3614 Lakewood Drive
Address
Tallahassee, Florida 32305 City/State and Zip Code
City/State and Zip Code
Sherry forehand @ amail. com E-mail address: (to be used for future annual report notification)
,
For further information concerning this matter, please call:
Charlotte Forehand at (850) 877-1516
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$125.00 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)

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

ARTICLE I-Name:

The name of the Limited Liability Company is:

14 00T 20 PM 2: 35

SECULE CONTROL OF THE PROPERTY OF THE PROPERTY

Apalachee Rentals CMF, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or LLC.")

ART ICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
3614 Lakewood Drive	3614 Lakewood Drive	
Tallahassee, FL 32305	Tallahassee, FL 32305	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Charlotte Forehand				
	Name			
3614 Lakewood Drive				
Florida street address (P.O. B	ox NOT acceptable)			
Tallahassee	FL 32305			
City	Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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



		For the fact	
ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:		14 00T.20 PH 2: 35	
<u>Fitle:</u> 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:	SECTION AND A CORDA	
AMBR	Charlotte Forehand		
	3614 Lakewood Drive		
	Tallahassee, FL 32305		
ARTICLE V: Effective date, if other than the date of filing:		.(OPTIONAL)	
If an effective date is listed, the date must be specific and can the date of filing.)	not be more than five business days p	rior to or 90 days after	
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
_ Charlette Trekar	ud		
<u>-</u>	orized representative of a member,		
(In accordance with section 605.0203 (1) (b),			
constitutes an affirmation under the penalties			
I am aware that any false information submitted in a document to the Department of State			
constitutes a third degree felony as provided for	or in s.817.155, F.S.)		
Charlotte Forehand			
Typed or printed	d name of signee		