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S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: <u>Tech Rentals US LLC</u> Name of Lin	mited Liability Company			
The en	nclosed Articles of Organization and fee(s) a	re submitted for filing.			
Please	return all correspondence concerning this m	natter to the following:			
•	Israel Garcia Rosa	Name of Person		_	
		Name of reison			
	Tech Rentals US LLC				
		Firm/Company	至名	द्धी	
	3399 NW 72nd Avenue ste,125			-TI .	
	5555 NVV 72110 Avenue Std. 125	Address	705	−ස I	
			77 1 mg	O	
	Miami FL 33122	City/State and Zip Code	ا المسال الماريخيات الماريخيات	_ ===	ί.
		Enty/State and Enp Code	<u> </u>	· 45 - ω	
<u> 10</u>	runited@hotmail.com E-mail address: (to be use	d for future annual report notifica	tion)		
For fu	rther information concerning this matter, ple	ase call:			
lerael	Garcia Rosa at (787) 531-6555			
151461	Name of Person		ephone Number		
Enclos	sed is a check for the following amount:				
	00 Filing Fee \$\overline{\subset}\$\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is encl		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tech Rentals US LL	C Must end with the words "Limit	ed Liability Co	mpany, "L.L.C.," or "	LLC.")
ARTICLE II - Addre				
Principal Office Add	ress:	Mailing A	Address:	
	e ste 125	3399 NW Miami Fl	V 72 Avenue ste 12	<u> </u>
			L 33122	
(The Limited Liability	stered Agent, Registered Office Company cannot serve as its own y with an active Florida registra	e, & Registered vn Registered A	d Agent's Signature:	nate an individual or
(The Limited Liability another business entit	Company cannot serve as its ov	e, & Registered vn Registered A tion.)	d Agent's Signature:	nate an individual or
(The Limited Liability another business entit	Company cannot serve as its over y with an active Florida registratida street address of the register Israel Garcia Rosa	e, & Registered Ation.) red agent are:	d Agent's Signature:	nate an individual or
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(The Limited Liability another business entit	Company cannot serve as its over y with an active Florida registrated a street address of the register Strael Garcia Rosa National Straet Straet Straet Rosa National Straet Straet Rosa National Rosa Rosa National Rosa Rosa Rosa National Rosa Rosa Rosa Rosa Rosa Rosa Rosa Rosa	e, & Registered Ation.) red agent are:	d Agent's Signature: Agent. You must desig	nate an individual or FIB -9 PH 4:

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Israel Garcia Rosa 3399 NW 72 Avenue ste 125 Miami FL 33122	
(Use attachment if necessary)	filing: <u>February 6, 2015</u> . (OPTION	
ate of filing.)	ic and cannot be more than five business days pric	or to or 90 day
CLE VI: Other provisions, if any.	ic and cannot be more than five business days price	or to or 90 day
te of filing.)	ic and cannot be more than five business days price	or to or 90 da
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this do be penalties of perjury that the facts stated herein are ion submitted in a document to the Department of S	ocument
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-