

L15000062692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

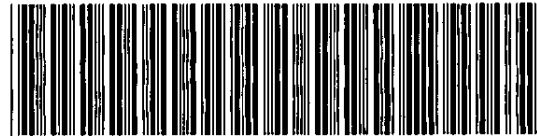
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/15--01003--014 **130.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
NOTARIZATION
15 APR -9 AM 11:26
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 APR -9 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 10 2015

CT Corporation System

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

KHH RENTALS, LLC**Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
Formation	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

4/9/2015

ST

Order#:
9508180

Ref#: _____

Amount: \$ _____

**ARTICLES OF ORGANIZATION
OF
KHH RENTALS, LLC**

1. Name. The name of this limited liability company is **KHH RENTALS, LLC** (the "Company"), and it shall be formed as a limited liability company under Chapter 605 of the laws of the State of Florida.

2. Duration. The Company's existence shall be perpetual.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Principal Office. The mailing and street address of the Company's principal office is 4161 East 7th Avenue, Tampa, Florida 33605.

5. Registered Agent and Office. The name of the initial registered agent of the Company is F & L Corp. The street address of the initial registered agent of the Company is One Independent Drive, Suite 1300, Jacksonville, Florida 32202.

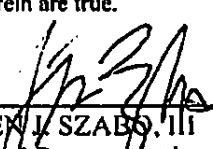
6. Management of the Company. The management of the Company shall be vested in the managers of the Company. The initial manager of the Company is as follows:

<u>Name</u>	<u>Address</u>
Kathleen A. Hyer	4161 East 7th Avenue Tampa, Florida 33605

7. Operating Agreement. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization on the 9th day of April, 2015.

In accordance with Section 605.0203(1)(b), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



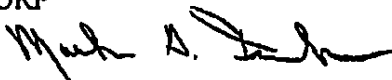
STEPHEN J. SZABO, III
Authorized Representative of Member

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15 APR -9 PM 4:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

F & L CORP

By: 
Martin A. Traber, Authorized Officer

Dated: April 9, 2015

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15 APR -9 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA