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AUG 25 2015

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DBE RENTALS, LLC

Signature _____

Requested by: SETH

8/24

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Art of Inc. File _____

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Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

**ARTICLES OF ORGANIZATION
FOR
DBE RENTALS, LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **DBE RENTALS, LLC**

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ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **8171 - 36th Avenue North, St. Petersburg, FL 33710**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Thomas Chochrek, 547 - 52nd, Avenue North, St. Petersburg, FL 33703-2845

ARTICLE IV: AUTHORIZED MEMBER

The name and address of each initial person authorized to manage and control the Limited Liability Company:

David L Evans, Authorized Member, 8171 - 36th Avenue North, St. Petersburg, FL 33710

Barbara J Evans, Authorized Member, 8171 - 36th Avenue North, St. Petersburg, FL 33710

The undersigned has executed these Articles of Organization for filing purposes this 24th day of August 2015.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"



Authorized Representative

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605 . Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the State of Florida.


1. The name of the company is:

DBE RENTALS, LLC

2. The name and address of the Registered Agent is:

THOMAS CHOCHREK
547 - 52nd Avenue North
St. Petersburg, FL 33703-2845

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.



THOMAS CHOCHREK

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