

L16000039162

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
RENTOS 545, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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2/24/2016

02/24 16:59 18586176381 00:00:38 OK STANDARD ECM	DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE
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16 FEB 24 AM 11:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION
OF

RENTOS 545, LLC

ARTICLE I - NAME

The name of the limited liability company is RENTOS 545, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
2333 SW 20 Street
Miami, Florida 33145

Mailing Address:
2333 SW 20 Street
Miami, Florida 33145

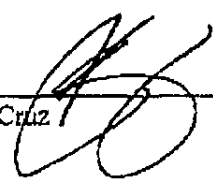
ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Jesus Cruz
2333 SW 20 Street
Miami, Florida 33145

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.

Jesus Cruz



ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

Jesus Cruz
2333 SW 20 Street
Miami, Florida 33145

AMBR

Carlos Cruz
280 SW 20 Road, Apt 406
Miami, Florida 33129

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jesus Cruz

Typed or printed name of signatory

16 FEB 24 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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