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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. TAMPA SHED RENTALS, LLC

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Certified Copy	0
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CORPUSA

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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	TAMPA SHED RENTALS, LLC	,	
BUAJECT:		imited Liabili	ly Company
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	matter to the f	ollowing:
	Michael R. Langston		
		Name of	Person
	Popes Utility		
	W- V-	Firm/Co	mpany
	P.O. Box 2342		·
		Adda	
	Mango, Florida 33550		
1	Popes@verizon.net	City/State and	1 Zip Code
-	E-mail address: (to be us	ed for future a	onual report notification)
For further in	formation concerning this matter, plea	ıso çal]:	
	Michael Langeton	813	927-3735
•	Name of Person	Area Code	Daylime Telephone Number
Enclosed is	a check for the following amount:		
\$125,00 Fil	ing Fez \$130.00 Filling Fee & Certificate of Status	LJ@erdfie	of Filing Fee & \$160.00 Filing Fee, and Copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassoe, FL 32314	1	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

16 HAR 28 PM 12: 05

AKTICLAS OF ORGANIZATION FOR FLOI		· · · iL · 03
ARTICLE 1 - Name: The name of the Limited Liability Company is:	(人) (基础) (基础) (基础) (基础) (基础) (基础) (基础) (基础	ASSA PLOMIDA
TAMPA SHED RENTALS, LLC		
(Must end with the words "Limited Ligh	anay Company, "I.L.C.," of "L.L.C.")	
ARTICLE II - Address: The mailing address and sweet address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4015 Orient Rd.	P.O. Box 2342	
Tampa, Florida 33610	Mango, Florida 33550	

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 enother business entity with un active Florida registration.)

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

Melanie Langston		
,	Nume	
6110 (Jurvey Tew R	ged	
Florida street addres	is (P.O. Box <u>NOT</u> see	eptable)
Plant City.	Plorida	33565
City	State	Zip

Having been named as registered agety 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

95:45 3102/82/60 302233626

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Title: "AMBR" - Authorized b	Name and Address:
"MGR" = Manager	Misks-11
MGR	Michael Langston P.O. Box 2342
	Mango, Florida 33550
	
	_
(Use attachment if negest	and
ective date le listed, the d	or than the date of filing: <u>April 1, 2016</u> (OPTIONAL) Ate must be specific and cannot be more than five business days prior to or 90
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