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| (Re | questor's Name) | |
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| (Ci | ty/State/Zip/Phone | = #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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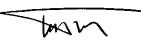


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SECRETARY OF STATE
TALL MASSEE FLORID

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COVER LETTER

| TO: Registration Division of Corporations | |
|---|------------|
| SUBJECT: Braden River Rentals, LLC | |
| Name of Limited Liability Company | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| The enclosed Afficies of Organization and fee(s) are subfinited for fining. | |
| Please return all correspondence concerning this matter to the following: | |
| Mark P. Borsheim | |
| Name of Person | |
| | |
| Firm/Company = | c to |
| 16 | 33 |
| 4826 14th Ave. E. | |
| 4826 14 Ave. E. Address | 10 |
| | il Ţ |
| Bradenton, FL 34208 | ں۔ ت دن |
| City/State and Zip Code | 2: |
| Bradenton FL 34208 City/State and Zip Code master pmn @ hot mail. com E-mail address: (to be used for future annual report notification) | - |
| | |
| For further information concerning this matter, please call: | |
| Mark D Barrhaim, all all all | |
| Mark P. Borsheim (813) 944-9366 Name of Person Area Code Daytime Telephone Number | |
| 2., 2., | |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\ \$130.00 Filing Fee & \$\ \$155.00 Filing Fee & \$\ \$160.00 Filing Fee, | |
| Certificate of Status Certified Copy Certificate of Status & | |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| | |
| Mailing Address Street Address | |
| New Filing Section New Filing Section | |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | |
| Tallahassee, FL 32314 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|---|-----------------------------------|
| Braden River Re (Must end with the words "Limited Liabilit | entals LLC |
| (Must end with the words "Limited Liabilit | y Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of | the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4826 14th Ave E. Bradenton, FL | H826 14th Ave. E. Bradanton, FL |

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 another business entity with an active Florida registration.)

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

ARTICLE I - Name:

Mark P. Borsheim

Name

4826 14th Aue E

Florida street address (P.O. Box NOT acceptable)

Bradenton FL 34208

City State Zip

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member | Name and Address: | |
|---|---|-----|
| "MGR" = Manager | | |
| AMBŘ | Evelyn M. Keppler-Borshe | m |
| | 4826 14th Ave E. | |
| | Bradenton, FL 34208 | |
| AMBR | Mark P. Borsheim | |
| | 4826 14th Ave E. Bradenton FL 34208 | |
| | Bradenton, FL 34208 | |
| | | |
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| (Use attachment if necessary) | | |
| effective date is listed, the date must be specif | filing: August 1, 2016 (OPTIONAL) fic and cannot be more than five business days prior to or 90 d | ays |
| effective date is listed, the date must be specified of filing.) If the date inserted in this block does not mee | fic and cannbt be more than five business days prior to or 90 det the applicable statutory filing requirements, this date will not b | |
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| effective date is listed, the date must be specifite of filing.) If the date inserted in this block does not mee becument's effective date on the Department of the CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memion of the Department of | Bet of an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State. | |

ARTICLE IV-