

Division of Corporations

Page 1 of 2

# L16000/66202

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000223427 3)))



H160002234273ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

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

Email Address: amnongerberg@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
Weekly Rentals 4-U LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED  
16 SEP -8 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

DO 9/9/16

FAX AUDIT # H160002234273

**ARTICLES OF ORGANIZATION  
OF  
Weekly Rentals 4-U LLC**

**ARTICLE I NAME**

The name of the limited liability company is: Weekly Rentals 4-U LLC

**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be: 18540 Ocean Mist Dr, Boca Raton, Florida 33498.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Amnon Gerberg, 18512 Ocean Mist Dr, Boca Raton, Florida 33498. Located in the County of Palm Beach.

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.

Signature: Amnon Gerberg

Amnon Gerberg

Date: 8-30-2016**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:

Acisha Finkton, 18540 Ocean Mist Dr, Boca Raton, Florida 33498

Amnon Gerberg, 18512 Ocean Mist Dr, Boca Raton, Florida 33498

Darryl Finkton, 18540 Ocean Mist Dr, Boca Raton, Florida 33498

Orly Gerberg, 18512 Ocean Mist Dr, Boca Raton, Florida 33498

FAX AUDIT # H160002234273

FILED  
16 SEP - 8 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT # H160002234273

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

Amnon Gerberg  
Amnon Gerberg, Organizer

Date: 8-30-2016

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.817.135, F.S.)

FILED  
16 SEP -8 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT # H160002234273