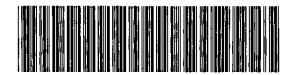
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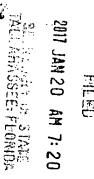
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V HERRING JAN 2 4 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mary Rule of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person, Name of Person, Person Firm/Company 732 Forta Cosa Circle Address Address City/State and Zip Code
SMATHS36 gmail com
E-mail address: (to be used for future annual report notification)
Stephen War at (618) 960 - 6478 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301



January 6, 2017

STEPHEN B. MARR 732 PORTA ROSA CIRCLE ST. AUGUSTINE, FL 32092

SUBJECT: MARR RV RENTAL Ref. Number: W17000001025

We have received your document for MARR RV RENTAL and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The correct forms are enclosed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 117A00000301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	Y FILED
ARTICLE I - Name:	2017 JAN 20 AM 7: 20
The name of the Limited Liability Company is: Narr RV Rental L.C.	AT 1: 20 ALL MASSEE: FLORIDA
(Must end with the words "Limited Liability 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: Mailing Address: 732 Hota Rosa Circle 732 Hota	Idress: Rosa Creke

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.)

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Addresse Stephen L. Ma	7	<i>.</i>	
AMBR	Marcia E M	arr	 - -	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filir			-	
(If an effective date is listed, the date must be specific at the date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of States.	e applicable statutory filing requirements, this of			
ARTICLE VI: Other provisions, if any.				_ _
REOUIRED SIGNATURE				_
This document is executed in a lam aware that any false inform	or an authorized representative of a member accordance with section 605.0203 (1) (b), Florid mation submitted in a document to the Departmy as provided for in s.817.135, F.S.	da Statutes.	;	
- Stepher Typ	ed or printed name of signee	4 Em	2017	
\$125.00 Filing Fee for Articles of Organiza \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: ntion and Designation of Registered Agent	ABAGSEE, E	JAN 20 AK	
	Page 2 of 2	201 212	:-	

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

ARTICLE IV-