Electronic Articles of Organization For Florida Limited Liability Company

L17000019671 FILED 8:00 AM January 25, 2017 Sec. Of State kbrumbley

Article I

The name of the Limited Liability Company is: MIKIOKI RENTAL PROPERTY, LLC

Article II

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

804 WOOD HILL DR JACKSONVILLE, FL. 32256

The mailing address of the Limited Liability Company is:

804 WOOD HILL DR JACKSONVILLE, FL. 32256

Article III

Other provisions, if any:

MIKIOKI RENTAL PROPERTY, LLCBELOW PROPERTY UNDER THIS LLC:2657 TROLLIE LANE #4JACKSONVILLE FL 32211

Article IV

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

JACKSONVILLE RENTALS, LLC 5300 SAN JUAN AVE JACKSONVILLE, FL. 32210

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.

Registered Agent Signature: MICHELE KENT

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
SAMUEL D ARNAIZ
804 WOOD HILL DR

JACKSONVILLE, FL. 32256

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Article VI

The effective date for this Limited Liability Company shall be:

01/24/2017

Signature of member or an authorized representative

Electronic Signature: SAMUEL D ARNAIZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.