

Division of Corporations

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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
LEGRAND RENTALS, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
LEGRAND RENTALS, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be LEGRAND RENTALS, LLC.

ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 912 Pine Street, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall exist until January 31, 2047, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY:
Thomas K. Boardman
THOMAS K. BOARDMAN, P.A.
P.O. Box 2197
LaBelle, Florida 33975
(863) 674-1027
Florida Bar No. 103581

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ARTICLE IV
MANAGEMENT

This limited liability company shall be managed by its member. The name and address of the manager/member is as follows:

Rosica B. Legrand, AMBR
912 Pine Street
Immokalee, Florida 34142

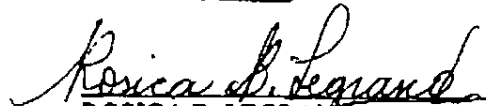
ARTICLE V
RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

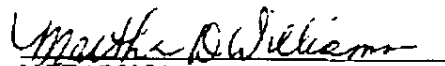
Executed by the undersigned at LaBelle, Florida, on July 01, 2017.


ROSICA B. LEGRAND

STATE OF FLORIDA
COUNTY OF HENDRY

The foregoing instrument was sworn to and acknowledged before me this 01 day of July, 2017, by ROSICA B. LEGRAND, who is ☒ personally known to me or ☐ who has produced _____ as identification.




NOTARY PUBLIC
Name: Martha D Williams

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LEGRAND RENTALS, LLC
2. The name and address of the registered agent and office is:

Rosica B. Legrand
(Name)

912 Pine Street
(P.O. Box not acceptable)

Immokalee, Florida 34142
(City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.

Rosica B. Legrand
(Signature)

07-01-17
(Date)

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