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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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T. SCOTT



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2018 APR 20 AM 5 49
SECRETARY OF STATE
TALL AHASSEE FLORIDA

COVER LETTER

	ew Filing Section livision of Corporations	
SUBJECT	Sobotka Rentals, LLC	
Sobole .		e of Limited Liability Company
The enclos	sed Articles of Organization and fo	ee(s) are submitted for filing.
Please retu	irn all correspondence concerning	this matter to the following:
	Jon Alan Sobotka	
		Name of Person
		Firm/Company
	5329 Laurelridge Lane	
		Address
	Cincinnati, OH 45247	
	sobotkajon@yahoo.com	City/State and Zip Code
		be used for future annual report notification)
For further i	nformation concerning this matter	r, please call:
	Jon Sobotka	513 226-3160
	Name of Person	_at () Area Code Daytime Telephone Number
Enclosed is	s a check for the following amoun	ıt:
\$125.00 F	iling Fee \$130.00 Filing Fo	
	Mailing Address New Filing Section	Street Address 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

Sobotka Rentals, 1	1.0			
(Must co	ontain the words "Limited I	iability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal of	fice of the Limited l	Liability Company is:	
<u>Princ</u>	eipal Office Address:		Mailing Address:	
Sobotka Rentals, I	.LC		e Tull	
28270 L Burton F	letcher Court		26000 Hickory Blvd., #706	
Bonita Springs, FI	34135	Bonit	a Springs, FL 34134	
(The Limited Liability Compa another business entity with a The name and the Florida stre	n active Florida registratio	Registered Agent. Y n.)	ou must designate an individual or	
another business entity with a	iny cannot serve as its own in active Florida registration	Registered Agent. Y n.)	ou must designate an individual or	
another business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agent. Yn.) agent are: Name	ou must designate an individual or	
another business entity with a	iny cannot serve as its own in active Florida registration et address of the registered Jeanie Tull	Registered Agent. Yn.) agent are: Name ,#706	ou must designate an individual or	
another business entity with a	any cannot serve as its own in active Florida registration et address of the registered Jeanie Tull 26000 Hickory Blvd.	Registered Agent. Yn.) agent are: Name ,#706	ou must designate an individual or	
another business entity with a	any cannot serve as its own in active Florida registration et address of the registered Jeanie Tull 26000 Hickory Blvd. Florida street address	Registered Agent. Yn.) agent are: Name ,#706 (P.O. Box NOT ac	ceptable)	

(CONTINUED)

SECRETARY OF STATE

	Title:		Name and Address:
	"AMBR" = Authorized	l Member	
	"MGR" = Manager AMBR		Jon Sobotka
	ANIBK	-	5329 Laurelridge Lane
			Cincinnati, OH 45247
			Chleman, Ori 10071
		<u>.</u>	
		_	
		_	
		_	
	(Use attachment if nece	• •	
an eff date (<u>te:</u> lf	ective date is listed, the of filing.) If the date inserted in this	e date must be specific and s block does not meet the	. (OPTIONAL) d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as records.
an eff date (<u>te:</u> lf	ective date is listed, the of filing.) If the date inserted in this	e date must be specific and	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed
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an eff date (<u>te:</u> If docu	rective date is listed, the of filing.) If the date inserted in this iment's effective date or LE VI: Other provisions, REQUIRED SIGNAT	s block does not meet the an the Department of State' if any. FURE: Signature of a member or occument is executed in accuracy that any false informations are that any false informations.	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a records.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)