

L19 000233293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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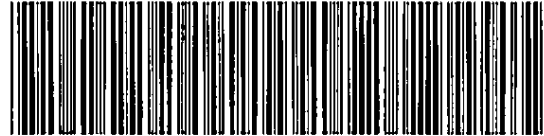
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 23 PM12:02

SECRETARY OF STATE
TALLAHASSEE, FL 32399

N. SAMS

SEP 25 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2019

DANIEL GENE MOLDOVAN AND CINDY LOU MOLDOVAN
1018 BLACKBERRY DRIVE
SEWICKLEY, PA 15143

SUBJECT: D AND C RENTALS, LLC
Ref. Number: W19000074692

We have received your document for D AND C RENTALS, LLC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

P17000043353

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 419A00016650

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Moldovan Rentals FL, LLC
Name 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:

Daniel Gene Moldovan
Name of Person

Moldovan Rentals FL, LLC
Firm/Company

1018 Blackberry Dr
Address

Sewickley PA 15143
City/State and Zip Code

dgmpoe@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Moldovan at (832) 840-0114
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Sent & deposited

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Moldovan Rentals FL LLC

(Must contain 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:

5800 Hollywood Blvd
214
Sarasota FL 34231

Mailing Address:

1018 Blackberry Dr
Sewickley PA 15143

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.)

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

Daniel Gene Moldovan
Name

5800 Hollywood Blvd # 214
Florida street address (P.O. Box **NOT** acceptable)

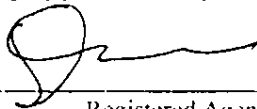
Sarasota FL 34231

City

State

Zip

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Daniel Gene Moldovan
1018 Blackburn Dr
Sewickley PA 15143

Cindy Lou Moldovan
1018 Blackburn Dr
Sewickley PA 15143

(Use attachment if necessary)

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ALABAMA

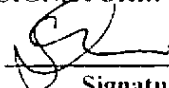
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:





Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.817.155, F.S.

Daniel Gene Moldovan

Cindy Lou Moldovan

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)