## L19000296923

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;

Office Use Only



900337983409

12/16/19--01003--014 \*\*110.00

900337983409 12/13/19--01001--019 \*\*140.00

SECRETARY OF STATE
SECRETARY OF STATE
TALLAMESSEE, FLY0 \$35 19 FM 4: 49

N CULLIGAN DEC 1 3 2019



December 13, 2019

WILBERT STANLEY 1017 N MONROE ST TALLAHASSEE, FL 32303

SUBJECT: RENT EXOTIC CARS LLC

Ref. Number: W19000107829

We have received your document for RENT EXOTIC CARS LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect forms were submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 019A00025337

5,00

(ap. Les 1 52301

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Rent Exotic Cars 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:
Wilkert Starley Name of Person
Firm/Company
1563 (apitel Circle S.E.
Address
Toul F1 37301 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section  Street Address New Filing Section Division

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R'	ľ	C	LE	1 -	Na	me:
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The name of the Limited Liability Company is:

(Must conatin 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:

City

<u>Principal</u>	Office Address:	Mailing Address:	_	
1563 Capi	ten Circle SE. 72301 #81_	1563 Capital (1708)	SL. L	
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its own Registere tive Florida registration.) Idress of the registered agent are	d Agent. You must designate an individual or  in promotions Inc.  Circle SE.	2019 DEC 13 PM 4: 14 SECRETARY OF STATE TWLL4 (ASSEE, FL	

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..

State

Registered Agent's Signature (REQUIRED

Zip

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Wilbert Otgoleg
	1563 Confitch Cichlost
	- TOAL H' 50 50 1 TO 81
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)
	pecific and cannot be more than five business days prior to or 90 days after
date of filing.)	
	meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department	of State's records.
TICLE VI: Other provisions, if any.	
TICEE VI. Outer provisions, it any.	
	<u></u>
REQUIRED SIGNATURE:	
$\iota$	
Signature of a m	ember or an authorized representative of a member.
	uted in accordance with section 605.0203 (1) (b). Florida Statutes:
I am aware that any fals	4 m
constitutes a third degra	se information submitted in a document to the Department of State 🐪 💢 👢 👢
constitutes a time degre	se information submitted in a document to the Department of States, ce felony as provided for in s.817.155, F.S.
constitutes a time degre	nember or an authorized representative of a member.  atted in accordance with section 605.0203 (1) (b). Florida Statutes:  the information submitted in a document to the Department of State  the felony as provided for in s.817.155, F.S.
	se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.  Typed or printed name of signed.

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)