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	New Filing Sec Division of Co			, · · · · · · · · · · · · · · · · · · ·	,
SUBJEC		RENTALS L.L.C.			
SUBJEC	••	Name of Lim	ited Liabili	y Company	<del></del>
The enclo	osed Articles of	Organization and fee(s) are	submitted	for filing.	
Please ret	urn all correspo	ondence concerning this mat	ter to the fo	ollowing:	
	JAMES BEF	TRAM			
			Name of	Person	
			····		
			Firm/Cor	npany	
	144 CAVAL	RY DRIVE			
			Addre	SS	
	FRANKLIN	, TN 37064			
	JAMES_P_BI	Ci ERTRAM@YAHOO.COM	-	Zip Code	
		E-mail address: (to be used t	for future as	nual report notificat	ion)
For further	information co	ncerning this matter, please	call:		
	JAMES BER	TRAM 615		397.1216	
	Nam			Daytime Telephor	e Number
Enclosed	is a check for t	he following amount:			
□\$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status .	Certifie	.00 Fiting Fee & d Copy l copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	g Address	9	Street Address	

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

RED BIRD RENTAL	S L.L.C.		
(Must cona	tin the words "Limited Li	iability Company, '	'L.L.C.," or "LLC.")
ARTICLE II - Address:	<del>-</del> -		NAME OF TRANSPORTER
The mailing address and street ac	idress of the principal off	fice of the Limited	Liability Company is:
Princips	al Office Address:		Mailing Address:
144 CAVALRY DRI	VE	144 (	CAVALRY DRIVE
	<u> </u>		
The Limited Liability Company	ent, Registered Office, & cannot serve as its own F	Registered Agent. \	NKLIN, TN 37064  It's Signature: You must designate an individual
ARTICLE III - Registered Age	ent, Registered Office, & cannot serve as its own F active Florida registration	Registered Agen Registered Agent. \	it's Signature:
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own F active Florida registration	Registered Agen Registered Agent. \	it's Signature:
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a	Registered Agen Registered Agent. \	it's Signature:
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a	k Registered Agent. Name	it's Signature:
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a	Registered Agent. (Agent.)  agent are:  Name	it's Signature: You must designate an individual
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a CT CORPORATION	Registered Agent. (Agent.)  agent are:  Name	it's Signature: You must designate an individual

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Name and Address:

Title:			
"AMBR" = Authorized	l Member		
"MGR" = Manager			
AMBR	<del></del>	JAMES BERTRAM 144 CAVALRY DRIVE	
		FRANKLIN, TN 37064	
		THOUSEN, THE STOP	<u> </u>
AMBR		ERIN CASTO	
AIMBIC		144 CAVALRY DRIVE	<del></del>
		FRANKLIN, TN 37064	
<del></del>	<del>_</del>		
(Use attachment if nec	•		
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#### COVER LETTER

то:	New Filing Se Division of Co					
		O RENTALS L.	L.C.			
SUBJE	CT:		lame of Lin	nited Liabi	lity Company	
The end	closed Articles o	f Organization a	nd fee(s) ar	e submitte	d for filing.	
Please	return all corresp	ondence concer	ning this ma	atter to the	following:	
	JAMES BE	RTRAM				
	-			Name o	f Person	
				Firm/C	ompany	
	144 CAVAL	RY DRIVE				
	<del></del>			Add	ress	<del></del>
	FRANKLIN	I, TN 37064				
				=	nd Zip Code	
		ERTRAM@YA				<del></del>
		E-mail address:	(to be used	for future	annual report notificat	ion)
For furthe	er information co	oncerning this ma	itter, please	call:		
	JAMES BER	TRAM	61 at (	5	397.1216 _)	
	Nam	ne of Person		rea Code	Daytime Telephor	
Enclose	d is a check for t	he following am	ount:			
□\$125	.00 Filing Fee	□\$130.00 Fi Certificate of	ing Fee & Status	Certif	5.00 Filing Fee & led Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	ig Address iling Section on of Corporatio	ns		Street Address New Filing Section D The Centre of Tallah	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RED BIRD RENTA	LS L.L.C.		
(Must cor	atin the words "Limited L	iability Company,	"L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
144 CAVALRY DE	UVE	144 (	CAVALRY DRIVE
	····	<del></del>	1000
The Limited Liability Compar nother business entity with an	gent, Registered Office, & y cannot serve as its own l active Florida registration	& Registered Ager Registered Agent. (	NKLIN, TN 37064  nt's Signature: You must designate an individual or
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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) ASSISTANT SCLUTARY

(CONTINUED)

Fitle:	Same and Address:
AMBR" = Authorized Memb	per
MGR" = Manager	
AMBR	JAMES BERTRAM
	144 CAVALRY DRIVE
	FRANKLIN, TN 37064
AMBR	ERIN CASTO 144 CAVALRY DRIVE
	FRANKLIN, TN 37064
	TRACKELLA, TANDOO
V: Effective date, if other the	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 c
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CV: Effective date, if other the crive date is listed, the date of filing.)  The date inserted in this blockment's effective date on the DEVI: Other provisions, if any of the constitutes a	an the date of filing:

ARTICLE IV-