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COVER LETTER

	ew Filing Se ivision of Co				
SUBJECT	_	Blue Rentals, LLC			
SOBJECT		Name of	Limited Liabi	lity Company	
The enclos	ed Articles o	f Organization and fee(s) are submitted	d for filing.	
Please retu	rn all corresp	ondence concerning this	matter to the	following:	
	Franklin Ho	olley			
			Name o	f Person	
	Gold and B	lue Rentals, LLC			
			Firm/Co	ompany	
	9995 Morri	s Drive			
			Add	ress	
	Dublin, OH	43017			
	thalley@ahi	oannualaudit.com	City/State ar	nd Zip Code	
-		E-mail address: (to be u	sed for future	annual report notificat	ion)
For further i	nformation co	oncerning this matter, pl	ease call:	·	
	Franklin Ho	lley at	740 (238-1699	
	Nan	ne of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for t	the following amount:			
		■\$130.00 Filing Fee Certificate of Status	Certif	55.00 Filing Fee & fied Copy fied copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New I Divisi P.O. I	ng Address Filing Section on of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is, LLC ain the words 'Limited ddress of the principal of al Office Address: cut, Registered Office,	office of the Limited		
ain the words 'Limited diress of the principal of al Office Address:	office of the Limited	Liability Company is: Mailing Address: Morris Drive	:
ddress of the principal o	office of the Limited	Liability Company is: Mailing Address: Morris Drive	:
al Office Address:	9995	Mailing Address: Moms Drive	:
		Morris Drive	:
ent. Registered Office			<u> </u>
ent. Registered Office	Dub	lin, OH 43017	
ent. Revistered Office			
David Ethington/Flo	Name	Villas	
0000000 : 0			
		ccentable)	•
•	· —	•	
		· · · · · · · · · · · · · · · · · · ·	
City	State	Zip 	
I hereby accept the approvisions of all statutes rollinations of my position	pointment as register relating to the proper	ed agent and agree to act in this and complete performance of n as provided for in Chapter 605,	copacity. In the compact of the comp
	Bayid Ethington/Flo 8297 Champions Ga Florida street address Davenport City City agent and to accept servers of all statutes realignations of my position	nctive Florida registration.) address of the registered agent are: David Ethington/Florida Palms Vacation Name 8297 Champions Gate Blvd., Suite 347 Florida street address (P.O. Box NOT accept a street address of the State City State agent and to accept service of process for the appointment as registered agent and to the proper soligations of all statutes relating to the proper slightions of my position as registered agent and the accept service of the appointment as registered agent and the proper slightions of my position as registered agent and the accept service of the proper slightions of my position as registered agent and the accept service of the proper slighting the service of the proper slighting the service of the accept service of the proper slighting the service of the accept service	David Ethington/Florida Palms Vacation Villas Name 8297 Champions Gate Blvd., Suite 347 Florida street address (P.O. Box NOT acceptable) Davenport FL. 33896 City State Zip agent and to accept service of process for the above stated limited liability of the proper and complete performance of no lightness of my position as registered agent as provided for in Chopter 605,

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Franklin Holley
	9995 Morris Drive
	Dublin, OH 43017
AMBR	Michele Holley
	9995 Morris Drive
	Dublin, OH 43017
(If an effective date is listed, the date must be the date of filing.)	nte of filing:
ARTICLE VI: Other provisions, if any.	
This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, dise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Typed or printed name of signee
	- The a continue man and a signer

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)