

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L210001504483

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000150448 3)))



H210001504483ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

4/16/21

[Signature]

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

2021 APR 15 PM 2:31
 STATE
 OF FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

2021 APR 15 AM 11:30
 STATE
 OF FLORIDA

FLORIDA LIMITED LIABILITY CO.
SOBASKI FLORIDA RENTALS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03

Estimated Charge	\$130.00
------------------	----------

Electronic Filing
Menu

Corporate Filing Menu

Help

FILED
021 APR 15 PM 2:31
STATE
OF CANADA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")*

Sobaski Florida Rentals, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

104 Williams Blvd

Fairfax, IA 52228

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Mark Sayad

1420 Celebration Blvd Ste 200

Celebration, FL 34747

ARTICLE IV-

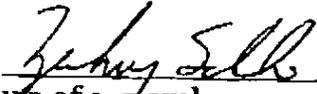
The name and title of each person authorized to manage and control the Limited Liability Company:

Zachary Hayes Sobaski - AMBR

Justin Hayes Sobaski - AMBR

FILED
2021 APR 15 PM 2:31
STATE
OF FLORIDA

Required Signatures:



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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Zachary Sobaski - Justin Sobaski

Typed or printed name of signee

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)

FILED
021 APR 15 PM 2:31
STATE
FLORIDA