## L21000369870

(Re	equestor's Name	)	
(Ac	ddress)	<del></del>	
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(Ci	ty/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Bi	usiness Entity Na	nme)	
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			
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(1)710001045	7c' → An .		
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,	SOF ORGANIZATION FOR			May River
ARTICLE I - Name:	Lillian Chamanan in			Alig
he name of the Limited Lia	опиу Со <del>т</del> ралу із:			ر ' ر
				17 C.
DAV Rentals LL	Contain the words "Limited	1 / 1 / 1 / C		<del></del> -\
(Must c	contain the words "Limited	Liability Company,	L.L.C., Of LLC. )	
ARTICLE II - Address:				
he mailing address and stre	et address of the principal of	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
rrin	icipai Office Vooress.		Maning Addi cas.	
		00//	<del></del>	
8060 Old Grove 1		8060	Old Grove Dr	<del></del>
8060 Old Grove I	Or  Agent, Registered Office,	& Registered Ager	Old Grove Dr t's Signature:	al or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent. (On.)	Old Grove Dr	al or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration teet address of the registered	& Registered Agent. (On.)	Old Grove Dr t's Signature:	al or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration teet address of the registered DAV Rentals	& Registered Agent. On.)	Old Grove Dr t's Signature:	al or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration teet address of the registered	& Registered Agent. (a) Registered Agent. (a	Old Grove Dr  t's Signature: 'ou must designate an individua	al or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration cet address of the registered DAV Rentals  8060 Old Grove DR	& Registered Agent. (a) Registered Agent. (a	Old Grove Dr  t's Signature: 'ou must designate an individua	al or
8060 Old Grove I	Agent, Registered Office, pany cannot serve as its own an active Florida registration eet address of the registered DAV Rentals  8060 Old Grove DR Florida street address	& Registered Agent. On.) I agent are:  Name	Old Grove Dr  t's Signature: 'ou must designate an individua	al or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager <u>MGR</u>	David Frazier 8060 Old GRove Dr Orlando Fl 32818
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	ate of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a  This document is excelled any aware that any f	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
David Frazier	

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)



July 26, 2021

DAVID FRAZIER 8060 OLD GROVE DR ORLANDO, FL 32818

SUBJECT: DAV RENTALS LLC Ref. Number: W21000104753

We have received your document for DAV RENTALS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

James G Harris Regulatory Specialist II

2021 AUG -2 PH 4: 05

Letter Number: 321A00017328