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| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
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Office Use Only

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## COVER LETTER

| TO: | New Filing Section       |
|-----|--------------------------|
|     | Division of Corporations |

COUNTRY RENTALS IV, LLC

SUBJECT:

b

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:

SHELBY WHITLEY

Name of Person

Firm/Company

1486 HENRY MOSLEY ROAD

Address

JACKSONVILLE, FL 32234

City/State and Zip Code

shelbywhitley2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| SHELBY WHITLEY | 904       | 631-2049                 |
|----------------|-----------|--------------------------|
|                | _at ()    |                          |
| Name of Person | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

S130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

COUNTRY RENTALS IV. LLC

(Must contain 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:

| Principal Office Address: | <u>Mailing Address</u> : |
|---------------------------|--------------------------|
| 1486 HENRY MOSLEY ROAD    | 1486 HENRY MOSLEY ROAD   |
| JACKSONVILLE, FL 32234    | JACKSONVILLE, FL 32234   |
|                           |                          |

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

 SHELBY WHITLEY

 Name

 1486 HENRY MOSLEY ROAD

 Florida street address (P.O. Box NOT acceptable)

 JACKSONVILLE

 FL
 32234

 City
 State

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..

Shelby E Whitley

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

| <u>Title:</u><br>"AMBR" = Authorized Member<br>"MGR" = Manager | Name and Address:  |
|--|--|
| AMBR   | COUNTRY RENTALS, LLC<br>1486 HENRY MOSLEY ROAD<br>JACKSONVILLE, FL 32234 |
|  |  |
|  |  |
|  |  |
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

Shelby & Whitley

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

> SHELBY WHITLEY Typed or printed name of signce

> > 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)