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COVER LETTER

			COUNTRY REN	TALS III, LLC		
SUBJECT:	SUBJECT: Name of Limited Liability Company					
				any company		
The enclosed	l Articles of	Organization and	fee(s) are submitt	ed for filing.		
Please return	all correspo	ondence concerning	g this matter to the	following:		
5	SHELBY W	'HITLEY				
_			Name	of Person		
_			Firm/0	Company		
1	1486 HENR	Y MOSLEY ROA	D			
_			Ad	dress		
3	IACKSON	/ILLE, FL 32234				
_	helbsachitk	cy2@gmail.com	City/State	ınd Zip Code		
			be used for future	annual report notifica		
For further inf	formation co	oncerning this matte	er, please call:			
S	HELBY W	HITLEY	904	631-2049		
_	Name of Person		_at (Area Code) Daytime Telepho	ne Number	
		he following amou				
□\$125.00 F	filing Fee	■\$130.00 Filin Certificate of S	atus Cert	.55.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	
		ng Address		Street Address		
	New Filing Section Division of Corporations			New Filing Section Division The Centre of Tallahassee		
	P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	COUNT	RY RENTALS I	II, LLC	
(Must con	itain the words "Limited Li	iability Company.	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal off	ice of the Limited	d Liability Company is:	
Princip	pal Office Address:		Mailing Address:	
1486 HENRY MOS JACKSONVILLE,			JACKSONVILLE, FL 32234	
The name and the Florida street	SHELBY WHITLEY	igem are.		
	SHELBY WHITLEY	Name		
	SHELBY WHITLEY	Name EY ROAD	acceptable)	
	SHELBY WHITLEY 1486 HENRY MOSLI	Name EY ROAD	acceptable)	
	SHELBY WHITLEY	Name		

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Manager AMBR	Title:	Name and Address:		
(Use attachment if necessary) CLEV: Effective date, if other than the date of filing:				
ASS HERRY MOSLEY ROAD	"MGR" = Manager			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	AMBR	COUNTRY RENTALS, LLC		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than the date of filing:		JACKSONVILLE, FL 32234		
CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than the date of filing:	**************************************			
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CLE V: Effective date, if other than the date of filing:		7: 6		
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CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than the date of filing:		5		
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	effective date is listed, the date mus te of filing.)	st be specific and cannot be more than five business days prior to or 90 days af		
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				
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	CLE VI: Other provisions, if any.			
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	REQUIRED SIGNATURE:	St. 11 . S 24/1 'H .		
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		Thelby & Whitley		
SHELBY WHITLEY	This document is I am aware that a	s executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State		
SHELBY WHITLEY				
		SHELBY WHITLEY		

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)