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FRANCHISING
BIVISION OF CORPORATIONS
TALLAPASSEE FLORIDA

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www.mckilloplawfirm.com

Phone 904,503,3893

Fax 904-503-9546

7563 Philips Highway, Building 500, Jacksonville, Florida 32256

October 3, 2022

Via USPS Certified Mail

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

Re: Submittal of Articles of Organization for Country Rentals II, LLC

(the "LLC")

Dear Sir or Madam:

Enclosed please find the Articles of Organization for submittal in reference to the above LLC.

If you have any questions or need additional information, please let us know.

Respectfully,

Julia Chansen McKillop, Esq.

Schior Partner

JCM/kb Enclosures

COVER LETTER

TO:	New Filing Sec Division of Co				
CHEL	ECT:		TRY RENTA	ALS II, LLC	
2019	ECT:		imited Liabili	ty Company	
The er	nclosed Articles of	Organization and fee(s)	are submitted	for filing.	
Please	return all corresp	ondence concerning this r	natter to the fo	ollowing:	
	SHELBY W	HITLEY			
			Name of	Person	
	 -		Firm/Co	npany	
	1486 HENR	Y MOSLEY ROAD			
			Addro	288	
	JACKSON	VILLE, FL 32234			
	shelbywhith	cy2@gmail.com	City/State and	l Zip Code	
		E-mail address: (to be use	ed for future a	nnual report notificat	ion)
For furt	her information co	oncerning this matter, plea	ise call;		
	SHELBY W	HITLEY	904	631-2049	
		at (Daytime Telephon	
Enclos	end is a chark for t	he following amount:			
		■\$130.00 Filing Fee Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 bassee, FL 32314		Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre Tallahassee, FL 3230	assee et. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	COUNT	TRY RENTALS I	I. LLC		
(Must contain t			, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street addre	ss of the principal of	fice of the Limited	l Liability Company is:		
<u>Principal O</u>	ffice Address:		Mailing Add	ress:	
1486 HENRY MOSLEY			86 HENRY MOSLEY RO		
JACKSONVILLE, FL 3.	2234	JA	CKSONVILLE, FL 3223-		
The Limited Liability Company can nother business entity with an active he name and the Florida street address.	e Florida registration	1.)	i ou must designate dil III	arridual VI	
S	HELBY WHITLEY				
_		Name			
1.	486 HENRY MOSLI	EY ROAD			
-	lorida street address		acceptable)		
<u>J,</u>	ACKSONVILLE	FL_	32234		
	City	State	Zip		
wing been named as registered agen nce designated in this certificate, I he ther agree to comply with the provis n familiar with and accept the obliga	reby accept the appo ions of all statutes rel tions of my position a	intment as registed lating to the prope	red agent and agree to act or and complete performan as provided for in Chapte. Hey	in this capacity. ce of my duties, a	I
		red Agent's Signa	iture (REQUIRED)		

Title: "AMBR" = A	authorized Member	Name and Address:
"MGR" = Ma	nager	
<u>AMBR</u>		COUNTRY RENTALS, LLC
		1486 HENRY MOSLEY ROAD
		JACKSONVILLE, FL 32234
	_ _	
		
.E V: Effectiv	ent if necessary)	date of filing: (OPTIONAL)
LE V: Effective date is of filing.) If the date inser	e date, if other than the listed, the date must b	date of filing:
EV: Effective date is of filing.) f the date insertment's effection. EVI: Other p	e date, if other than the listed, the date must be ted in this block does to date on the Departmentsions, if any.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be I
EV: Effective date is of filing.) f the date inserument's effecti	e date, if other than the listed, the date must be ted in this block does to date on the Department ovisions, if any.	not meet the applicable statutory filing requirements, this date will not be I ment of State's records.
EV: Effective date is of filing.) f the date inserument's effecti	e date, if other than the listed, the date must be ted in this block does to ted in the Department ovisions, if any. SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be I nent of State's records. Shelby & Whitley
EV: Effective date is of filing.) f the date inserument's effecti	e date, if other than the listed, the date must be ted in this block does to date on the Department ovisions, if any. SIGNATURE: Signature of this document is explain aware that any	not meet the applicable statutory filing requirements, this date will not be I ment of State's records.
EV: Effective date is of filing.) f the date inser iment's effecti	e date, if other than the listed, the date must be ted in this block does to date on the Department ovisions, if any. SIGNATURE: Signature of this document is explain aware that any	Shelby E Whitley a member or an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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