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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
fied Copies Certificates of Status
ecial Instructions to Filing Officer:

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PITAL CONNECTION, INC.

irginia Street, Suite 1 • Tallahassee, Florida 32301 4-8870 • 1-800-342-8062 • Fax (850) 222-1222

RENTAL	S 3, LLC		
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		· ·····	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
ure			Fictitious Owner Search
			Vehicle Search
			Driving Record
sted by:BA	1/20/23		UCC 1 or 3 File
		Time	UCC 11 Search
	Date	IIIIC	UCC 11 Retrieval
In	_ Will Pick U	Jp	Courier

COVER LETTER

New Filing Section Division of Corporations			
	orida limited li	ability company	
Name of	Limited Liabil	lity Company	
sed Articles of Organization and fee(s)) are submitted	I for filing.	
urn all correspondence concerning this	matter to the	following:	
JOHN F. ROSCOW, IV			
	Name o	Person	
HOLDEN, ROSCOW & CAEDING	TON, PL		
	Firm/Co	ompany	
5608 NW 43rd Street			
	Addi	ress	
Gainesville, Florida 32653			
	City/State ar	id Zip Code	
	sed for future	annual report notificat	ion)
		·	
John F. Roscow, IV	352	373-7788	
Name of Person	Area Code	Daytime Telephon	e Number
is a check for the following amount:			
0 Filing Fee ☐\$130.00 Filing Fee Certificate of Status	Certif	ied Copy	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address New Filing Section D	ivician
Division of Corporations		The Centre of Tallaha	assec
	Pivision of Corporations REILLY RENTALS 3. LLC, a Flot Name of Sed Articles of Organization and fee(s) arm all correspondence concerning this JOHN F. ROSCOW, IV HOLDEN, ROSCOW & CAEDING 5608 NW 43rd Street Gainesville, Florida 32653 john@gnv-law.com	REILLY RENTALS 3. LLC, a Florida limited lift: Name of Limited Liabil	REILLY RENTALS 3. LLC, a Florida limited liability company REILLY RENTALS 3. LLC, a Florida limited liability company Sed Articles of Organization and fee(s) are submitted for filing. JOHN F. ROSCOW, IV Name of Person HOLDEN, ROSCOW & CAEDINGTON, PL Firm/Company 5608 NW 43rd Street Address Gainesville, Florida 32653 City/State and Zip Code john@gnv-law.com E-mail address: (to be used for future annual report notificat information concerning this matter, please call: John F. Roscow, IV Name of Person Area Code Daytime Telephon is a check for the following amount: 0 Filing Fee Certificate of Status New Filing Section Division of Corporations Street Address New Filing Section Division of Corporations New Filing Section D The Centre of Tallah.

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LS 3, LLC, a Florida lim			
(Must c	ontain the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and stree	et address of the principa	l office of the Limite	d Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
1751 SW 188th S	t		51 SW 188th St.	
Newberry, FL 32	.669	<u>Ne</u>	wberry, FL 32669	- ::
RTICLE III - Registered The Limited Liability Comp nother business entity with the name and the Florida str	any cannot serve as its ov an active Florida registra	vn Registered Agent tion.)	ent's Signature: . You must designate an individual or	I JAN 20 PH
ne name and the Florida str	cet address of the register	ed agent are.		- -
	ProActive Tax Sol	utions, Inc., Attn: To	om Porter	£ 7
		Name		
	303 SW 140th Ten	race		
	Florida street addr	ess (P.O. Box <u>NOT</u>	acceptable)	
	Jonesville	FL	32669	

wing been named as registered agent and to accept service of process for the above stated limited liability company at the accept designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I in familiar with and accept the obligations of my position as registered agent as proyided for in Chapter 605, F.S..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address;	
"AMBR" = Authorized Membe	er	
"MGR" = Manager		
MGR	Thomas J. Reilly	
	1751 SW 188th St Newberry, FL 32669	
	Newberry, FL 32009	
	,	
MGR	Tricia M. Reilly	-
	1751 SW 188th St Newberry, FL 32669	
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the date of filing.)	does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.	
ARTICLE VI: Other provisions, if any.		
		-
This documen I am aware tha	re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b). Florida Statutes, t any false information submitted in a document to the Department of State	
constitutes a th	aird degree felony as provided for in s.817.155, F.S.	
· -	Typed or printed name of signee	

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)