## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GOODING & BATSEL, PLLC

Account Number : I20220000007 : (352)579-6537 Fax Number : (352)579-1289

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Email Address: THARTLEY @ LAWYERSOCALS. COM

## FLORIDA LIMITED LIABILITY CO. **D&D RENTALS NO. 5, LLC**

Certificate of Status	0
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## COVER LETTER

	New Filing Se Division of Co					
SUBJEC	D&D RE	NTALS NO. 5, LLC				
SCHIEC	· · · · · · · · · · · · · · · · · · ·	Name	of Lin	iited Liabil	іту Сотряпу	
The enclo	osed Articles of	f Organization and fe	e(s) are	submitted	for filing.	
Please re	turn all corresp	ondence concerning	this ma	tter to the	following:	
	James Harti	ey				
		,,		Name of	Person	
	Gooding &	Batsel, PLLC				
				Firm/Co	mpany	
	1531 SE 36	th Ave.				
				Addr	ess	
	Ocala, FL 3	4471				
	31(21		Ci	ty/State an	d Zip Code	
	·	yersocala.com	- ueed	for future o	nnual report notificati	on)
					amusi report notificati	OH)
For further	information co	ncerning this matter,	please	call:		
	James Hartle	у	35 at (	2	579-6536 )	
	Nam	ie of Person			Daytime Telephon	
Enclosed	is a check for t	he following amount	:			
	0 Filing Fee	☐\$130.00 Filing Certificate of Stat	Fee &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address			Street Address	
		iling Section on of Corporations			New Filing Section Di The Centre of Tallaha	
		ox 6327			2415 N. Monroe Stree	et, Suite 810
	Tallah	assee, F1. 32314			Tallahassee, Fl. 3230;	3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

D&D RENTALS NO. 5, 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 of	effice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address:	Mailing Address:

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

ROBERT BATSE	L, JR	
	Name	
1531 SE 36TH AV	'ENUE	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	cceptable)
OCALA	FL	34471
City	State	Zip

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, E.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

7023 JUL 13 PH 3:31

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	DANIEL J ECKHARD 3101 SW 34TH AVENUE, #101 OCALA, FL 34474	
MGR	DEANNA ECKHARD 3101 SW 34TH AVENUE, #101 OCALA, FL 34474	2023 JUL 1
		3 PH 3:
		-
(Use attachment if necessary)  LEV: Effective date, if other than	the date of filing:	lave a
LEV: Effective date, if other than flective date is listed, the date me of filing.) If the date inserted in this block doment's effective date on the Department's control of the provisions, if any, a manager-managed limited liability.	ost he specific and cannot be more than five business days prior to or 90 cos not meet the applicable statutory filing requirements, this date will not loartment of State's records	oe liste
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CLE V: Effective date, if other than ffective date is listed, the date mile of filing.)  If the date inserted in this block disument's effective date on the Degice VI: Other provisions, if any, a manager-managed limited liabilisaticles can be amended by vote of the REOURED SIGNATURE:  Signature This document I am aware that constitutes a this	oes not meet the applicable statutory filing requirements, this date will not leartment of State's records  ity company  or written consent of the holders of a majority of the prembership interests.  of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State	oe liste