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Florida Department of State

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(((H23000245629 3)))



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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: THAPTLEYCLAMYERSOCALA. COM

## FLORIDA LIMITED LIABILITY CO. D&D RENTALS NO. 6, LLC

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## 4230002456293

#### COVER LETTER

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eu nue		NTALS NO. 6, LLC			
SUBJE	.CI:	Name	of Limited	Liability Company	
The enc	closed Articles o	of Organization and fee	e(s) are subt	nitted for filing.	
Please	return all corresp	nondence concerning t	his matter to	the following:	
	James Hart	icy			
	····		N'a	ne of Person	
	Gooding &	Batsel, PLLC			
			Fir	m/Company	
	1531 SE 36	5th Ave.			
				Address	·· ··
	Ocala, FL 3	34471			
	(hardan@lar	vyersocala.com	City/Sta	ite and Zip Code	,
		<del></del>	used for fu	ture annual report notific	cation)
For furth:		oncerning this matter,		·•····································	
	James Harti	ey	352 at (	579-6536	
	Nar	ne of Person		de Daytime Teleph	one Number
Englare	d is a check for	the following amount:			
	.00 Filing Fee	□\$130.00 Filing F Certificate of State	ec& E	1\$155.00 Filing Fee & ertified Copy itional copy is enclosed)	[2]\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		Filing Section ion of Corporations		New Filing Section The Centre of Talla	
	P.O. I	30x 6327		2415 N. Monroe Si	treet, Suite 810
	Tallah	nassee, Fl. 32314		Tallahassee, FL 32	303

### H230002456293

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

name of the Limited Liability Company is:	
D&D RENTALS NO. 6, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ETICLE 11 - Address: e mailing address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address:</u>
e mailing address and street address of the principal office	, , ,
e mailing address and street address of the principal office  Principal Office Address:	Mailing Address:

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

ROBERT BATSEL	., JR.	
	Name	
153! SE 36TH AV	ENUE	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	eceptable)
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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# H230002456293

Title: "AMBR" = Authorized Meml "MGR" = Manager	Name and Address:
MGR	DANIEL J ECKHARI) 3101 SW 34TH AVENUE. #101 OCALA, FL 34474
MGR	DEANNA ECKHARD 3101 SW 34TH AVENUE. #101 OCALA, FL 34474
(Use attachment it necessary)  E V: Effective date, if other the lective date is listed, the date of filing.)	an the date of filing:
EV: Effective date, if other the ective date is listed, the date is filling.) the date inserted in this block ment's effective date on the D	nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other the ective date is listed, the date is filing.) The date inserted in this block ment's effective date on the D EVI: Other provisions, if any manager-managed limited liab	does not meet the applicable statutory filing requirements, this date will no epartment of State's records.
EV: Effective date, if other the ective date is listed, the date is filling.)  The date inserted in this block ment's effective date on the D  EVI: Other provisions, if any manager-managed limited liabiticles can be amended by vote  REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will no epartment of State's records.  ility company or written consent of the holders of a majority of the membership interests.
EV: Effective date, if other the ective date is listed, the date in filing.)  The date inserted in this block ment's effective date on the D  EVI: Other provisions, if any, manager-managed limited liablicles can be amended by vote the second secon	does not meet the applicable statutory filing requirements, this date will no epartment of State's records.  ility company or written consent of the holders of a majority of the membership interests.
EV: Effective date, if other the fective date is listed, the date is filling.) The date inserted in this block ment's effective date on the D. EVI: Other provisions, if any manager-managed limited liabricles can be amended by vote signature.  REQUIRED SIGNATURE:  Signature I am aware the constitutes a the signature of the signa	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  ility company or written consent of the holders of a majority of the membership interests.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, it any false information submitted in a document to the Department of State.