## L23000527655

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: A.F.M. Florida Name of L.	Rent LLC imited Liability Company	
The enclosed Articles of Organization and fee(s):	are submitted for filing.	
Please return all correspondence concerning this n		
- Ahron Fa	Arache Name of Person	
	ranc of Ferson	
	Firm/Company	
(622 TI	orthe Run Address	
Abron farach	- 3332.6 ity/State and Zip Code C. Dhotmail. Com for future annual report notificat	
For further information concerning this matter, please		1011)
Ahron Faracheair_c	201	87 e Number
Enclosed is a check for the following amount:		
☑\$125.00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
A.F.M. Florida Rent (Must contain the words "Limited Liability C	Company "FLC "or "LLC ")
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
Le 22 Turtle. Run Weston, Fl 33376	622 Turtle Run Wkston, FL 33326
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature: Agent. You must designate an individual or

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

and the presented agent are:	
Ahron Farache	_
Name	
622 Turtle Run	
Florida street address (P.O. Box NOT acc	ceptable)
Lueston FI	33326
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 purther 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)

28 65 - 24 - 5. - 5. 3

ARTICLE IV-

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

Name and Address:   AMON Fareck   The voe by Living Trust   (Dated May 7)			
(Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (DELEVE Effective date, if other than the date of filing:	0.5/17/02 = 3.4 3.4 4.4 4.4	Name and Address:	
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(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	M3K	Alren Farnche Ton male / - /	
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:		MINISTER THE VOCADIC LIVING ITUST (DATED A	May 2
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