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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:1	0/21/2024	
Name:	Cheyanne Davis	
Reference #:_	2530634	
Entity Name:_	SJVI	RENTALS, LLC
	of Incorporation/Authorizati	•
☐ Amend	ment	; ;
☐ Change	e of Agent	<del>-</del>
Reinsta	atement	
☐ Conver	sion	
☐ Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	us Name	
Other_	<u> </u>	
Authorized Am	nount: \$125.00	
Signature:	(Unume Paine	



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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/21/2024		
Name:	Cheyanne Davis		
Reference #:	2530634		
Entity Name:	SJV	RENTALS, LLC	
✓ Article	es of Incorporation/Authorizat	ion to Transact Business	[]]
<u></u>	dment		10.15
☐ Chang	ge of Agent		. <del>.</del> .
Reinst	tatement		:
☐ Conve	ersion		٠: ٤٦
Merge	er		
Dissol	lution/Withdrawal		
Fictition	ous Name		
Other			
Authorized A	mount: <b>\$125.00</b>		
Signature:	Orymo Paire		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SJV Rentals, LLC	
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principa	I office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12502 Harney Dr.	12502 Harney Dr.	
Orlando, FL 32828	Orlando, FL 32828	
	on Registered Agent. You must designate an individual or	1~
•		50.8202
	red agent are:  Cogency Global Inc.	, 7
	red agent are;	. <del></del> .
another business entity with an active Florida registra  The name and the Florida street address of the register	red agent are:  Cogency Global Inc.	0.0     ( )   ( )

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.

State

Tallahassee

City

Katanculon Katie Nicholson, Assisant Secretary

Registered Agent's Signature (REQUIRED)

Florida

32301

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 Member "MGR" = Manager MGR Andre Kratt 12502 Harney Dr. Orlando, FL 32828 (Use attachment if necessary) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brandon Dixon

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)