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| (Re                                     | equestor's Name)  | ,           |  |
|---|-------------------|-------------|--|
| (Ac                                     | idress)           |             |  |
| (Ac                                     | idress)           |             |  |
| (Cil                                    | ty/State/Zip/Phon | e #)        |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |
| (Bu                                     | ısiness Entity Na | me)         |  |
| (Do                                     | ocument Number    | )           |  |
| Certified Copies                        | _ Certificate     | s of Status |  |
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# BRYAN J. STANLEY, P.A.

ATTORNEY AT LAW

209 TURNER STREET CLEARWATER, FLORIDA 33756 TELEPHONE (727) 461-1702
FACSIMILE (727) 461-1764
EMAIL: BRYANGBRYANJSTANLEY.COM

December 2, 2024

## VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, Florida 32301

Re:

JAR Rental Properties, LLC-Articles of Organization Our File No.11145-0001

Ladies and Gentlemen:

Enclosed herewith please find the Cover Letter and Articles of Organization JAR Rental Properties, LLC.

We also enclose this firm's check in the amount of \$125.00 which represents payment of the related filing fees. Following the filing of the above-referenced Articles of Organization, please direct your letter acknowledging same to the undersigned. Thank you for your prompt attention to this matter.

Sincerely,

BRYAN J. STANLEY, P.A.

Bryan J. Stanley, Esq.

BJS/mf Enclosures

### COVER LETTER

|             | New Filing Sec<br>Division of Co |  |   |   |
|-------------|----------------------------------|--|---|---|
| SUBJEC      |                                  | TAL PROPERTIES, LLC                          |   |   |
| 30031.0     |                                  | Name of Lim                                  | ited Liability Company  |   |
| The encl    | osed Articles of                 | Organization and fee(s) are                  | submitted for filing.   |   |
| Please re   | turn all correspo                | ondence concerning this mat                  | tter to the following:  |   |
|             | BRYAN J. S                       | STANLEY, ESQ.                                |   |   |
|             |                                  |  | Name of Person  |   |
|             | BRYAN J. S                       | STANLEY, P.A.                                |   |   |
|             |                                  |  | Firm/Company  |   |
|             | 209 TURNE                        | ER STREET                                    |   |   |
|             |                                  |  | Address   |   |
|             | CLEARWA                          | TER FL 33756                                 |   |   |
|             | BRYAN@BE                         | Ci<br>RYANJSTANLEY.COM                       | ty/State and Zip Code   |   |
|             |                                  | E-mail address: (to be used t                | for future annual report notificat  | ion)  |
| For further | r information co                 | ncerning this matter, please                 | call:   |   |
|             | BRYAN J. S                       | TANLEY 72° at (                              | 7 461-1702  |   |
|             | Nan                              |  | ea Code Daytime Telephor  | ne Number   |
| Enclosed    | l is a check for t               | he following amount:                         |   |   |
| ∰\$125.     | 00 Filing Fee                    | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | □\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|             | <u>Mailir</u>                    | ng Address                                   | Street Address  |   |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| he name of the Limited Liabil   |  |   |   |
|---|--|---|---|
|   | my company is:   |   |   |
| JR RENTAL PROP  | PERTIES LLC  |   |   |
|   | ntain the words "Limited   | Liability Company, '                              | 'L.L.C.," or "LLC.")                                  |
|   |  |   |   |
| RTICLE II - Address:  |  | effica of the Limited                             | Liability Company ic                                  |
| he mailing address and street   | address of the principal c   | office of the Limited                             | Liability Company is.                                 |
| Princi  | pal Office Address:  |   | Mailing Address:                                      |
|   |  |   |   |
| N7297 County Roa  | d FF   | <del></del>                                       |   |
| Ripon, WI 54971   |  |   |   |
|   |  |   |   |
| RTICLE III - Registered A   | gent, Registered Office.   | & Registered Agen                                 | t's Signature:  |
| The Limited Liability Compar<br>nother business entity with an  | ny cannot serve as its own<br>a active Florida registration  | n Registered Agent, \ on.)                        | t's Signature:<br>Fou must designate an individual or |
| ARTICLE III - Registered April The Limited Liability Compar nother business entity with an The name and the Florida stree | ny cannot serve as its own<br>a active Florida registration  | n Registered Agent, Yon.)<br>on.)<br>d agent are: | t's Signature:<br>Fou must designate an individual or |
| The Limited Liability Compar<br>nother business entity with an  | ny cannot serve as its own<br>active Florida registration<br>at address of the registere                                   | n Registered Agent, Yon.)<br>on.)<br>d agent are: | t's Signature:<br>Fou must designate an individual or |
| The Limited Liability Compar<br>nother business entity with an  | ny cannot serve as its own<br>active Florida registration<br>at address of the registere                                   | n Registered Agent, Mon.)<br>d agent are:         | t's Signature: i'ou must designate an individual or   |
| The Limited Liability Compar<br>nother business entity with an  | ny cannot serve as its own a active Florida registration address of the registered Bryan J. Stanlev, P., 209 Turner Street | n Registered Agent, Mon.)<br>d agent are:         | ou must designate an individual of                    |
| The Limited Liability Compar<br>nother business entity with an  | ny cannot serve as its own a active Florida registration address of the registered Bryan J. Stanlev, P., 209 Turner Street | n Registered Agent, Mon.) d agent are: A. Name    | ou must designate an individual of                    |

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)

### 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<br>"MGR" = Manager                                   |   |             |
| MGR   | Jonathan J. Schulz, Trustee<br>N7297 County Road FF<br>Ripon, W1 54971  | -<br>-<br>- |
| MGR   | Donna M. Schulz, Trustee Ripon, WI 54971 Ripon, WI 54971  | -<br>-<br>- |
|   |   | -<br>-<br>- |
|   |   | -<br>-<br>- |
| (Use attachment if necessary)   |   |             |
| (If an effective date is listed, the date must be the date of filing.)          | date of filing:   |             |
| ARTICLE VI: Other provisions, if any.   |   |             |
| Signature of a This document is ex I am aware that any I constitutes a third de | member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes. Talse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. |             |
| <u> Ôr</u>  | Yhn J. Stanley 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)