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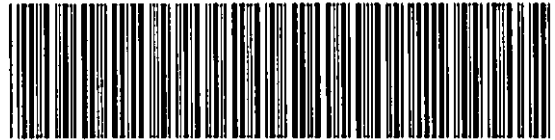
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2018

MICHAEL WAGNER
PO BOX 82
VICTOR, NY 14564

SUBJECT: SUPERIOR RENTAL SOLUTIONS, LLC
Ref. Number: W18000038755

We have received your document for SUPERIOR RENTAL SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 218A00008468

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Rental Solutions, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Wagner
Name of Person

Superior Rental Solutions
Firm/Company

PO Box 82
Address

Victor, NY 14564
City/State and Zip Code

MichaelWilliamWagner@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Wagner at (315) 403-4696
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Superior Rental Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SRS, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-2360476
(FEI number, if applicable)

4. NA
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. ~~PO Box 82~~ Bronson Self Storage 6. PO Box 82
(Street Address of Principal Office) (Mailing Address)
Victor, NY 14564 500 Commerce St.
Bronson FL 32621

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael W. Wagner

Office Address: 500 Commerce St.

Bronson, Florida 32621
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael W. Wagner
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Managing Member

Michael W. Wagner
PO Box 82
Victor, NY 14564

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Michael W. Wagner
Signature of an authorized person

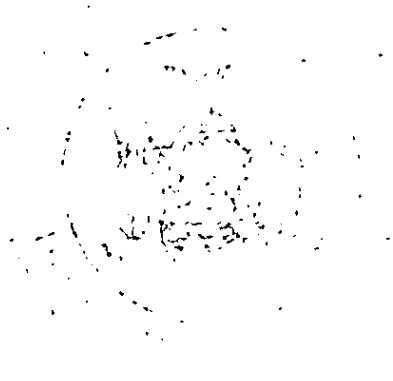
Michael W. Wagner
Typed or printed name of signee

2018 MAY 14 PM 2:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

**State of New York
Department of State } ss:**

I hereby certify, that SUPERIOR RENTAL SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/07/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 11th day of April two
thousand and eighteen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*