1900003404B

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100442188231

01/14/25--01024--017 **130.00

COVER LETTER

TO: New Filing Division of	g Section f Corporations		
SUBJECT: TO	CONTC RENTALS	LLC	
3000ECT:		nited Liability Company	
The enclosed Article	es of Organization and fee(s) ar	e submitted for filing	
Please return all con	respondence concerning this ma	atter to the following:	
NI	CHOLAS SCOTT HAT		
		Name of Person	
<u> I</u> C	ONIC RENTALS I	Firm/Company	
		Firm/Company	
308	B GEORGE C. W	ALLACE BLVD.	
		Address	
PAN	IAMA CETY BEA	CH, FL 324/3 ity/State and Zip Code	
RAC	HELGEISS12 Q	GMAIL. COM	
	E-mail address: (to be used	for future annual report notification	on)
For further informatio	n concerning this matter, please	call.	
NICH	HOLAS HARRIS at (&	350 , 687 - 334:	5
		rea Code Daytime Telephone	
Enclosed is a check t	for the following amount:		
□\$125.00 Filing Fe	e Z\$130.00 Filing Fee & Certificate of Status	□\$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, FL 32314

Street Address
New Filing Section Division
The Centre of Hallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Co	empany is:		
	ENTALS LLC he words "Limited Liability Co	ompany, "L.L.C.," or "LLC	::")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the	Limited Liability Compar	iy is.
Principal O	ffice Add <u>ress</u> :	<u>Mailin</u>	g Address:
308 GEORGE PANAMA CITY B	C. WALLACE BLVD EACH, FL, 32413	308 GEORGE PANAMA CITY	C. WALLACE BLVD BEACH, FL, 32413
ARTICLE III tered Agent, I The Limited Liability Company can another business entity with an active			te an individual or
The name and the Florida street address	ess of the registered agent are:		
1	VICHOLAS HARRIS)	
	OB GEORGE C. W lorida street address (P.O. Box		
P	ANAMA CITY BEACH, City State	FL 324/3 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, Thereby accept the appointment as registered agent and agree to act in this capacity. I finither 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)

Fitte: AMBF = Authorized Member MGR" = Manager	Name and Address:
AMBR	ROCKE Greiss 308 George & Wallace Blud Panama citi Beach FL 32413
MGR	NICHOLAS SCOTT HARRIS 308 GEORGE C: WALLACE BLYD PANAMO CETY BEACH, FL, 32413
Use attachment if necessary)	
ctive date is fisted, the date must f fillng.)	the date of filing:
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block document's effective date on the Depart EVI: Other provisions, if any.	the specific and cannot be more than five business days prior to or 90 d is not meet the applicable statutory filing requirements, this date will not be timent of State's records.
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block document's effective date on the Depart EVI: Other provisions, if any.	the specific and cannot be more than five business days prior to or 90 d is not meet the applicable statutory filing requirements, this date will not be timent of State's records.
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. EXERCITED SIGNATURE: Signature of This document is I am aware that an constitutes a third	the specific and cannot be more than five business days prior to or 90 d is not meet the applicable statutory filing requirements, this date will not be timent of State's records.