

L20000366610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

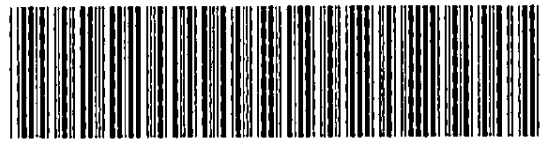
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date: 12-2-20

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT
\$ 155.00

Corporation Name: Contractor Leasing Solutions, LLC

Email Address: Rpena@admorgan.com

Entity Number: _____

Authorization: Kim Pullen

- | | |
|--|-----------------------------|
| <input checked="" type="checkbox"/> Certified Copy | _____ Certificate of Status |
| <input checked="" type="checkbox"/> New Filings | _____ Plain Stamped Copy |
| _____ Fictitious Name | _____ Annual Report |
| | _____ Amendments |
| | _____ Registration |

- | | | |
|-----------------------|-----------------------|----------------|
| (X) Call When Ready | (X) Call if Problem | () After 4:30 |
| (X) Walk In | () Will Wait | (X) Pick Up |

CF Internal Use Only
Client: 35205 Matter: 78511
Name: D. Mackay Office: TPA

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ARTICLES OF ORGANIZATION
OF
CONTRACTOR LEASING SOLUTIONS, LLC
SECRETARY OF STATE
TALLAHASSEE, FL

The undersigned, as the authorized representative of the organizing member of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I

Name

The name of the Company is Contractor Leasing Solutions, LLC.

ARTICLE II

Initial Principal Office Street and Mailing Address

The Company's initial principal office street address and mailing address is 716 North Renellie Drive, Tampa, FL 33609.

ARTICLE III

Initial Registered Agent and Office

The street address of the initial registered office of the Company is 100 South Ashley Drive, Suite 400, Tampa, FL 33602, and the name of its initial registered agent at such address is CF Registered Agent, Inc.

ARTICLE IV

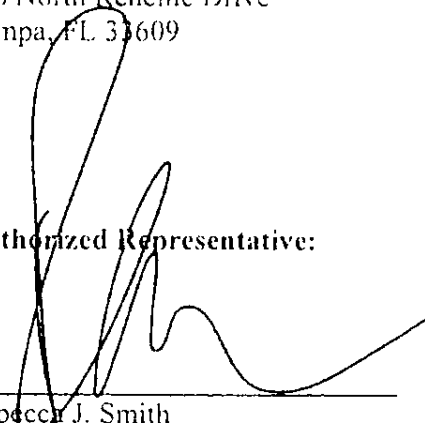
Management

The Company shall be manager-managed and the name and address of the manager of the Company are:

<u>Name</u>	<u>Address</u>
Rebecca J. Smith	716 North Renellie Drive Tampa, FL 33609

Dated this 1 day of December 2020.

Authorized Representative:



Rebecca J. Smith

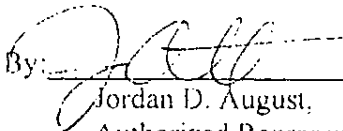
ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 1st day of December 2020.

REGISTERED AGENT:

CF REGISTERED AGENT, INC.,
a Florida corporation

By:  _____
Jordan D. August,
Authorized Representative

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SECRETARY OF STATE
TALLAHASSEE, FL