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B. BOSTICK
JUL 25 2013
EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 07/24/13

REF. #: 8841887

CORP. NAME: EQUIPCO SUBSIDIARY LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 90005165 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
EQUIPCO SUBSIDIARY LLC**

The undersigned natural person of the age of eighteen years or more, acting as Organizer of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization.

I. NAME

The name of the limited liability company is **EquipCo Subsidiary LLC** (the "Company").

II. PRINCIPAL PLACE OF BUSINESS

The street address and mailing address of the Company are 3123 NW 73 Street, Suite C, Miami, Florida 33147.

III. REGISTERED AGENT AND OFFICE AND ADDRESS FOR NOTICES

The initial registered agent of the Company is Jose Gustavo Bergonsi, Jr., and the street address of the initial registered office and mailing address of the initial registered agent are 3123 NW 73 Street, Suite C, Miami, Florida 33147. The Department of State can mail notices to the same address.

IV. PURPOSES AND POWERS

The purpose of the Company is to engage in any lawful act or activity for which limited liability companies may be organized under the Florida Limited Liability Company Act.

V. MANAGEMENT

The Company is to be managed by its Manager.

VI. ORGANIZER

The name and address of the Organizer is as follows:

Jose Gustavo Bergonsi, Jr.
3123 NW 73 Street, Suite C
Miami, FL 33147

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2013 JUL 24 AM 9:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

DATED this 23rd day of July, 2013.




José Gustavo Bergonsi, Jr.

2013 JUL 24 AM 9:54
ST. LOUIS, MISSOURI
TALLAHASSEE, FLORIDA

CONSENT TO APPOINTMENT AS REGISTERED AGENT

Pursuant to Fla Stat. § 608.415(b)(2), Jose Gustavo Bergonsi, Jr. hereby consents to serve as registered agent in the State of Florida for the following limited liability company: EquipCo Subsidiary LLC (the "Company"). As agent for the Company, Jose Gustavo Bergonsi, Jr. will be responsible to accept service of process in the name of the Company; to forward all mail and license renewals to the appropriate members of the Company; and to immediately notify the Office of the Department of State of the State of Florida of its resignation or of any change in the address of the registered office of the Company for which it is agent.

DATED this 23rd day of July, 2013.

By: 
Jose Gustavo Bergonsi, Jr.

Address of Registered Agent:

Jose Gustavo Bergonsi, Jr.
3123 NW 73 Street, Suite C
Miami, FL 33147

2013 JUL 24 AM 9:55
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2013

CORPDIRECT AGENTS INC.
EQUIPCO SUBSIDIARY LLC
KIM WEIDENBACH

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
7/24/13

SUBJECT: EQUIPCO SUBSIDIARY LLC
Ref. Number: L13000105218

We have received your document for EQUIPCO SUBSIDIARY 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 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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 813A00018064

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA