



L000000013001

ACCOUNT NO. : 072100000032

REFERENCE : 857120 7223396

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 9, 2000

ORDER TIME : 2:0 PM

ORDER NO. : 857120-005

CUSTOMER NO: 7223396

CUSTOMER: Ms. Betty Oden  
National Equipment Rental,  
Inc.  
7904 N Orange Blossom Trail  
Orlando, FL 32810

500003419685--2  
-10/09/00-01054-011  
\*\*\*\*160.00 \*\*\*\*160.00

DOMESTIC FILING

NAME: LIFT OF ORLANDO, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom - EXT. 1104

EXAMINER'S INITIALS:

RECEIVED

00 OCT -9 PM 3:15

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 OCT -9 PM 1:55  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

W-24485  
effective date -  
October 7, 2000

B10-24-00

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00 OCT -9 PM 3:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 9, 2000

TAMARA ODOM  
CSC

SUBJECT: LIFT OF ORLANDO, LLC  
Ref. Number: W00000024445

We have received your document for LIFT OF ORLANDO, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective day must be specific and cannot be prior to the date of filing.

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) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 900A00053324

APPROVED  
AND  
FILED  
00 OCT -9 PM 1:55  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Lift Of Orlando, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7904 N. O. Blossom Trail, Orlando, Florida 32810

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Kirk A. Shockley

1180 Spring View Run

Florida street address (P.O. Box NOT acceptable)  
Winter Park, Fl. 32782 32792

City, State, and 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, 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 608, F.S..*

*Kirk A. Shockley*

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

This LLC is to be dated October 2, 2000.

(An additional article must be added if an effective date is requested)

*Kirk A. Shockley*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kirk A. Shockley

Typed or printed name of signee

## FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

00 OCT - 2 PM 1:53  
FILED  
AUGUST  
ALL/10/00