

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L0100000016B21

Florida Equipment Specialists, LLC

100004619991--4
-10/02/01--01041--009
****155.00 ****155.00

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
✓ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
✓ Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

01 OCT -2 AM 11:22
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT -2 AM 10:44

APPROVED
AND
FILED

Signature _____

Requested by: CD

Name _____

Date 10-2-01

Time 11:00

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name:

The name of the Limited Liability Company is: FLORIDA EQUIPMENT SPECIALISTS, LLC.

ARTICLE II: Address:

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

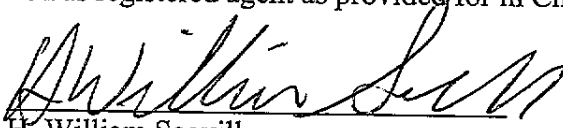
1605 Main Street, Suite 912
Sarasota, Florida 34236

ARTICLE III: Registered agent, Registered Office & Registered Agent's Signature:

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

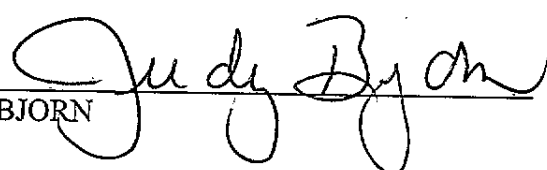
H. William Scovill
1605 Main Street, Suite 912
Sarasota, Florida 34236

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..


H. William Scovill

ARTICLE IV: Management (Check if applicable.)

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


JUDY BJORN

01 OCT -2 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FL 32304

APPROVED
AND
FILED

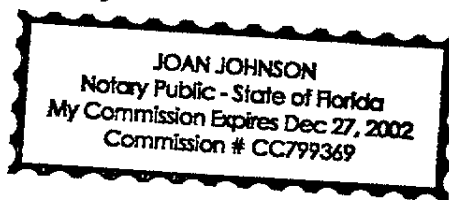
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA
COUNTY OF SARASOTA

On this 1 day of October, 2001, before me, a Notary Public, personally appeared JUDY BJORN who executed the above Articles of Organization, and acknowledged the same to be their free act and deed. JUDY BJORN is personally known to me or have produced proper identification.
Personally known ☒ or Produced ID ☐

My commission expires:

Joan Johnson
Notary Public



01 OCT - 2 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTED
AND
FILED