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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

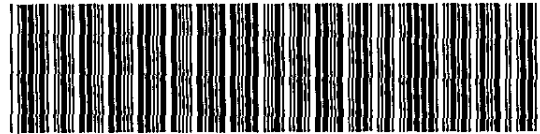
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TALLAHASSEE, FLORIDA

**JUDSON I. WOODS, JR., P.A.**  
**Attorney-At-Law**



Telephone: (386) 409-3737  
Facsimile: (386) 409-7979

E-Mail: [jiwpa@cfl.rr.com](mailto:jiwpa@cfl.rr.com)

116 N. Ridgewood Avenue  
Edgewater, FL 32132

January 27, 2006

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AUTOMATIC EQUIPMENT COMPANY, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judson I Woods Jr., P.A.  
116 N. Ridgewood Avenue  
Edgewater, Florida 32132

For further information concerning this matter, please call:

Judson I Woods Jr., P.A at (386) 409-3737

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Street Address:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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ATTORNEY'S TITLE INSURANCE FUND-Member Agent  
ATTORNEY'S MORTGAGE SERVICES-Member Agent  
Certified Circuit Court Mediator

**Areas of Practice**

Real Estate & Mortgage Law  
Elder Law/Wills & Trusts/Estate Planning/Probate Administration  
Corporations, Partnerships, LLCs, LLPs & Business Transactions

**ARTICLES OF ORGANIZATION  
OF  
AUTOMATIC EQUIPMENT COMPANY, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is AUTOMATIC EQUIPMENT COMPANY, LLC, ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

2598 GLENVIEW DRIVE  
NEW SMYRNA BEACH, Florida 32168

Mailing Address:

2598 GLENVIEW DRIVE  
NEW SMYRNA BEACH, Florida 32168

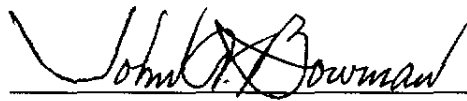
**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

JOHN A. BOWMAN  
2598 Glenview Drive  
New Smyrna Beach  
Florida, 32168

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*



JOHN A. BOWMAN

#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGM ~~Am~~

Bowman, John A.  
2598 Glenview Drive  
New Smyrna beach, Florida 32168

MGM ~~Am~~

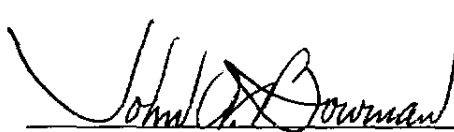
Bowman, Sandra J.  
2598 Glenview Drive  
New Smyrna Beach, Florida 32168

#### ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be the 1<sup>st</sup> day of February, 2006.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**



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.)

Bowman, John A.

Typed or printed name of signee

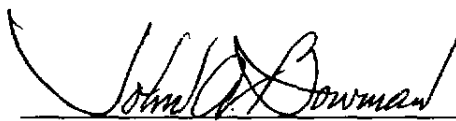
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY AUTOMATIC EQUIPMENT COMPANY, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is AUTOMATIC EQUIPMENT COMPANY, LLC.

2. The name and the Florida street address of the registered agent and office are:  
JOHN A. BOWMAN  
2598 GLENVIEW DRIVE  
NEW SMYRNA BEACH, FLORIDA  
32168

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, Florida Statutes.

  
\_\_\_\_\_  
JOHN A. BOWMAN  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AFFIDAVIT**  
**OF**  
**MEMBERSHIP AND CONTRIBUTIONS**

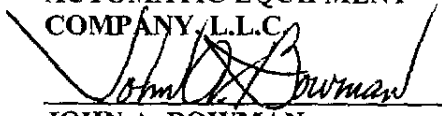
The undersigned member or authorized representative of a member of **AUTOMATIC EQUIPMENT COMPANY, L.L.C.**, a limited liability company, deposes and says:

1. The above-named limited liability company has at least one member.
2. The total amount of cash contributed by the member(s) is \$500.00 (five-hundred dollars and no cents).
3. The total amount of cash or property anticipated to be contributed by member(s) is \$500.00 (five-hundred dollars and no cents). This total includes amounts from 2 and 3 above.

FURTHER AFFIANT SAYETH NAUGHT.

Dated this 27<sup>th</sup> day of January, 2006.

**AUTOMATIC EQUIPMENT  
COMPANY, L.L.C.**

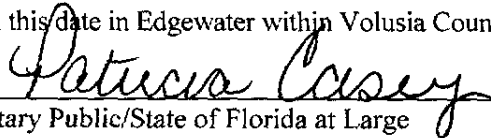
  
**JOHN A. BOWMAN**  
Member

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA   )  
                                  )  
COUNTY OF VOLUSIA)

SWORN to and subscribed before me, a notary public, this 27 day of January, 2006 personally appeared **JOHN A. BOWMAN**, known to me (or satisfactorily proven to be the person whose name is subscribed hereto), and did take an oath.

WITNESS my hand and official seal this date in Edgewater within Volusia County, Florida.

  
Notary Public/State of Florida at Large  
Print Name:  
Commission No:  
My commission expires:

\_\_\_\_ Personally Known.  
\_\_\_\_ Produced a current Florida driver's license as identification.  
☒ Type of Identification Produced FL Drivers License

