

LD6000109467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

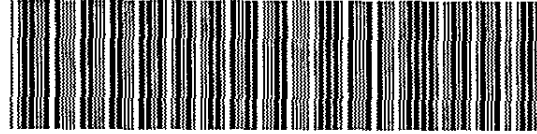
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special instructions to Filing Officer:

Office Use Only



600081533756

11/09/06--01040--018 \*\*800.00

FILED  
06 NOV -9 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 13 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** P&W EQUIPMENT LEASING, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK M. GREISBERGER  
(Name of Person)

BARRETT GREISBERGER FLETCHER & MAGEE, LLP  
(Firm/Company)

34 MAY STREET  
(Address)

WEBSTER, NY 14580  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK M. GREISBERGER at ( 585 ) 265-3730  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

P&W Equipment Leasing, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

707 West Lake Road

Wimamua, FL 33598

**Mailing Address:**

P.O. Box 450

Wimamua, FL 33598-0450

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Anthony J. Piedimonte

Name

707 West Lake Road

Florida street address (P.O. Box **NOT** acceptable)

Wimamua,

FL 33598

City, State, and Zip

FILED  
06 NOV -9 AM 11:13  
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.*

By:

Anthony J. Piedimonte  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

