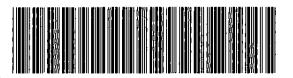
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EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
_{SUBJECT:} Gera	ırd's Forklifts & Mate	rial Handli	ng Solutions, LLC.
	(Name of Limite		
The enclosed Articles	s of Organization and fee(s) are s	ubmitted for fili	ng.
Please return all corre	espondence concerning this matte	er to the followin	g:
Brian Ge	rard		
	0	Name of Person)	
Gerard's	Forklifts & Material	Handling	Solutions, LLC
	(Firm/Company)	
7871 Oa	k Grove Circle		
		(Address)	
Lake Wo	orth, FL 33467		
	(City	State and Zip Coo	ie)
For further information	on concerning this matter, please	call:	
Brian Gerard		_{at (} 561	, 685-6999
(Na	me of Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co	- -
	Mailing Address		Courier Address
	Registration Section Division of Corporations		tion Section n of Corporations
	P.O. Box 6327	Clifton	Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Gerard's Forklifts & Material Handlin (Must end with the words "Limited Liabilit	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7871 Oak Grove Circle	7871 Oak Grove Circle
Lake Worth, FL 33467	Lake Worth, FL 33467
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results and the Florida street address and the	-
Name	
7871 Oak Grove Circ	le ² 유교
Florida street addr	ress (P.O. Box NOT acceptable)
Lake Worth, FL 3346	7 _{FL}
City, State, ar	id Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
Tricia Gerard= MGR	Tricia Gerard
	7871 Oak Grove Circle
	Lake Worth, FL 33467
Brian Gerard=MGRM	Brian Gerard
	7871 Oak Grove Circle
	Lake Worth, FL 33467
	····
	The state of the s

(Use attachment if necessary)	
	n the date of filing: (OPTIONAL ist be specific and cannot be more than five business days
FICLE V: Effective date, if other than on effective date is listed, the date mu	——————————————————————————————————————
TICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) REQUIRED SIGNATURE:	——————————————————————————————————————
TICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document of this document of the signature of	Section Dem
TICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document of this document of the signature of	ember or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)