

LO9000117521

(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:

W09-52358

Office Use Only



000163019880

11/30/09--01024--019 **160.00

FILED
09 DEC 10 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 11 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Equipment International, 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:

Dean D. Stumpf

Name of Person

Capital Equipment International, LLC

Firm/Company

445 State Road 13 North, Suite 26-446

Address

Jacksonville, Florida 32258

City/State and Zip Code

deans@fi-cei.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean D. Stumpf

Name of Person

at (904)

469-1309

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

FILED
09 DEC 10 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2009

DEAN D. STUMPF
445 STATE ROAD 13 NORTH, SUITE 26-446
JACKSONVILLE, FL 32258

SUBJECT: CAPITAL EQUIPMENT INTERNATIONAL, LLC
Ref. Number: W09000052358

We have received your document for CAPITAL EQUIPMENT INTERNATIONAL, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 30, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 809A00036884

FILED
09 DEC 10 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capital Equipment International, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Capital Equipment International, LLC
445 State Rd. 13N, Ste 26-446
Jacksonville, Florida 32259

Mailing Address:

Capital Equipment International, LLC
445 State Rd. 13N, Ste 26-446
Jacksonville, Florida 32259

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:

Dean D. Stumpf

Name

14701 Bartram Park Blvd, Ste 1209

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

Jacksonville, 32258

FL

City, State, and Zip

FILED
09 DEC 10 AM 8:36
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..

Dean D. Stumpf

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dean D. Stumpf

14701 Bartram Park Blvd Ste 1209

Jacksonville, Florida 32258

MGRM

Julius Durojaiye

200 North Lake Cunningham Avenue

Jacksonville, FL 32259

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Dean D. Stumpf

Typed or printed name of signee

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)

FILED
- 09 DEC 10 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA