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SECKETARY OF STATE
ALLASSEE, FLORID.

M. O. FEB - 9 20001

COVER LETTER

	Division of Corporations				
SUBJEC	г: H & H Equipment Sales, LLC.				
	Name of Limited Liability Company				
The enclo	sed Articles of Organization and fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning this matter to the following:				
	Becky Mae Halcom				
	Name of Person				
	H & H Equipment Sales, LLC.				
	Firm/Company				
	1320 South Taylor Rd				
	Address				
	Seffner FI 33584				
	City/State and Zip Code				
	robhalcom@aol.com				
	E-mail address: (to be used for future annual report notification)				
For further	r information concerning this matter, please call:				
	Robert Steven Halcom at (813) 7165485				
	Name of Person Area Code & Daytime Telephone Number				
Enclosed	is a check for the following amount:				
] \$125.00	Filing Fee \$\int_\$\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$\$\$\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)				
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LI & LI Equ	ipment Sales, LLC.	
	Must end with the words "L	imited Liability Company," "L.L.C.," or "LLC	.")
ARTICLE II - A		s of the principal office of the Limit	ed Liability Company is
Principal Office Address:		Mailing Address:	
1320 South Ta Seffner FI 335		Same	
(The Limited Liability business entity with	Company cannot serve as it an active Florida registration e Florida street addre	Registered Office, & Registered April 15 own Registered Agent. You must designate a set of the registered agent are:	individual or another
		Name	FILED 3-8 PH I 1ARY OF S 1ASSEE, FL
	1320 South Taylor Rd		
Florida street address (P.O. Box NOT acceptable)		idress (P.O. Box NOT acceptable)	D H 1: 50 OF STATE FLORIDA
	Seffner FI 3	33584 FL City, State, and Zip	OA OA
liability com registered agen statutes relatir	pany at the place desig t and agree to act in th ng to the proper and co	ent and to accept service of process for gnated in this certificate, I hereby acc his capacity. I further agree to compl complete performance of my duties, ar on as registered agent as provided for	cept the appointment as ly with the provisions of a nd I am familiar with and

(CONTINUED)

Page 1 of 2

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

Title:		Name and Address:	
"MGR" = Manag "MGRM" = Man			
MGR		Becky Mae Halcom	
		1320 South Taylor Rd	
		Seffner FL 33584	
MGRM		Pohert Steven Halcom	
	_	Robert Steven Halcom 1320 South Taylor Rd	
		Seffner Fl 33584	
- "**	_		
	_		·
(Use attachment i	if necessary)		
RTICLE V: Effective of	date, if other than the dat	te of filing:	(OPTIONAL)
	ted, the date must be sp	pecific and cannot be more than	
-			
REQUIRED SIG	SNATURE:		
	Beck	Mae Halcom	7 0 C
	Signature of a member or	r an authorized representative of a n	
	(In accordance with section of this document constitut that the facts stated herein	n 608.408(3), Florida Statutes, the exerces an affirmation under the penalties of are true.)	cution ASSEE
		ecky Mae Halcom	FLO
Filing Fees:		or printed name of signee	ATE DRIDA

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

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