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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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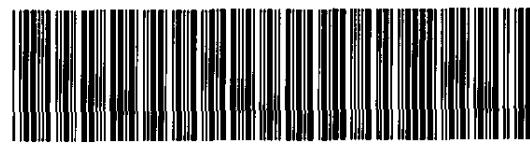
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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T. CLINE  
JUL - 6 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROFESSIONAL EQUIPMENT SALES & LEASE, 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:

ABEGAIL C. VIDALLON - ALONSO

Name of Person

Firm/Company

815 N. HOMESTEAD BLVD., SUITE #510

Address

HOMESTEAD, FL 33030

City/State and Zip Code

professionalequipment76@yahoo.com

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

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TALLAHASSEE, FLORIDA  
10 JUL 12  
2010

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For further information concerning this matter, please call:

ABEGAIL C. VIDALLON-ALONSO at 305 ) 345-4941

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:

PROFESSIONAL EQUIPMENT SALES & LEASE, 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:

815 N. HOMESTEAD BLVD.,  
SUITE # 510  
HOMESTEAD, FL 33030

Mailing Address:

815 N. HOMESTEAD BLVD.  
SUITE # 510  
HOMESTEAD, FL 33030  
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STATE  
FLORIDA  
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2014

### 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:

ABEGAIL C. VIDALLON - ALONSO

Name

1051 JEFFERSON DR., APT. B

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

HOMESTEAD, FL 33034

City, State, and Zip

*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..*

ACM/Vidallon - Alonso

Registered Agent's Signature (REQUIRED)

(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:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

ABEGAIL C. VIDALLON-ALONSO  
1051 B JEFFERSON DR.  
HOMESTEAD, FL 33034

(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:**

Abigail C. Vidallon - Alonso

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.)

ABEGAIL C. VIDALLON - ALONSO

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)**

2310 JUL -2 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**