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SEURETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE

SEP 23 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations					
SUBJECT: apolloe	guipment.net, LLC					
SUBJECT: Spones	Name of Limit	ed Liability Co	mpany			
The enclosed Articles of	of Organization and fee(s) are	submitted for f	iling.			
Please return all corresp	oondence concerning this mat	ter to the follow	ving:			
Johannes A.	Vanderwey					_
		Name of Person	1			
apolloequipm	ent.net, LLC					
		Firm/Company				
10934 N. Co.	inty Road 475					
10934 N. COL	anty Noad 475	Address				_
					≯.c	
Oxford, Florid		y/State and Zip (AR S	> 꾸 -
jvanderwey@		y, orace und 25p			HAS ATE	RF T
jvanaonnoje	E-mail address: (to be used to	for future annual	report notification)	<u> </u>	<u>SE</u> -	a !
For further information	concerning this matter, please	e call:				
				_	STATE OF THE STATE	₽ □
Johannes Vanderw	of Person	_ at (_503) <mark>201-323</mark> 2 Code & Daytime To		Dm .w	•
Name	011 013011	71104	sode to Buy time Te	nephone rumber		
Enclosed is a check for	or the following amount:					
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	©\$155.00 F Certified (additional	~	Certificate Certified C (additional co	of Status & opy	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section tion of Corporation on Building Executive Center	ons r Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	[,] is:
apolloequipment.net, LLC	
(Must end with the words "Limited L	ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the Principal Office Address:	e principal office of the Limited Liability Company is: Mailing Address:
10934 N. County Road 475	10934 N. County Road 475
Oxford, FL 34484	Oxford, FL 34484
	ered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another the registered agent are:
Johannes Vanderwey	A. C.
	ame Science

Johannes Vanderwey	
Name	AS (
10934 N. County Road 475	
Florida street address (P.O. Box N	OT acceptable) ASSEE
Oxford, FL 34484	
City, State, and Zip	ORIO ORIO
Having been named as registered agent and to accept service of liability company at the place designated in this certificate.	of process for the above stated limited I hereby accept the appointment as

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..

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Johannes Vanderwey 10934 N. County Road 475 Oxford, Florida 34484 (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Johannes Vanderwey

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee