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EFFECTIVE DATE 11/1/2010

B. KOHR

NOV - 2 2010

EXAMINER

SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jorge Webster Name of Person EFFECTIVE DATE 11/1/2-010
	Capital Heavy Equipment & Parts, LLC.
	Firm/Company
	8 Cedar Trace Ter 27-3569100
	Address
(Ocala, FL 34472
	City/State and Zip Code
2	onisupra@gmail.com E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
Jorge	e Websterat (352) 502-9246
	Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
125.00	Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

EFFECTIVE DATE 11 2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capital Heavy Equipment & Parts, 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:	Mailing Address:	
B Cedar Trace Ter	8 Cedar Trace Ter	
Ocala, FL 34472	Ocala, FL 34472	

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:

Amanda	a Darga
	Name
8 Ced	ar Trace Ter
	Florida street address (P.O. Box NOT acceptable)
Ocala	_{FL} 34472
	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 pomplete 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

EFFECTIVE DATE 11/1/2010

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

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

1 itie:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Jorge Webster
	8 Cedar Trace Ter
	Ocala, FL 34472
MGRM	Amanda Darga
	8 Cedar Trace Ter
	Ocala, FL 34472

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ///O//20/0. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jorge Webster

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)