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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

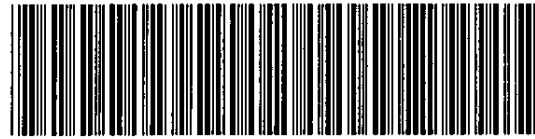
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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RECEIVED  
11 AUG 16 PM 1:35  
OFF. ATTORNEY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 AUG 16 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 16 2011

EXAMINER

Pennington  
Moore  
Wilkinson  
Bell &  
Dunbar P.A.  
ATTORNEYS AT LAW  
www.penningtonlaw.com

J. Breck Brannen  
Attorney at Law

(850) 222-3533  
breck@penningtonlaw.com

August 16, 2011

**VIA HAND DELIVERY**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: New Company - Florida Equipment Leasing, LLC  
Formation of LLC**

To Whom It May Concern:

Enclosed please find the following documents submitted for the formation of an LLC;

- Articles of Organization of **Florida Equipment Leasing, LLC**; and
- Certificate of Designation Registered Agent/Registered Office.

Also enclosed is Check No. 77997, payable to Department of State, Division of Corporations in the amount of \$130.00, payment for the Articles of Organization, Registered Agent Designation and a Certificate of Status.

Please contact me or my assistant, Stephanie, at the telephone number listed below should you have any questions, concerns or need any additional information.

Very truly yours,



J. Breck Brannen

JBB/sg

Enclosures as stated

ARTICLES OF ORGANIZATION

OF

FLORIDA EQUIPMENT LEASING, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is FLORIDA EQUIPMENT LEASING, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the

powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 8975 Winged Foot Drive, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: John Wiley Horton, Esq., and the initial registered office is located at 215 S. Monroe St., Ste. 200, Tallahassee, Florida 32301.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be member managed.

10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at TALLAHASSEE, Florida, on this 15TH day  
of AUGUST, 2011.



Richard Heffley, Member

STATE OF FLORIDA

COUNTY OF Leon

The foregoing instrument was acknowledged before me this  
15 day of August, 2011, by Richard Heffley,  
Member of \_\_\_\_\_, LLC, a Florida limited liability  
company, on behalf of the company. He is personally known to me  
or has produced N/A as identification.



NOTARY PUBLIC - STATE OF FLORIDA  
(SEAL)

NOTARY PUBLIC-STATE OF FLORIDA  
Allison Libby-Schoonover  
Commission # DD935829  
Expires: OCT. 26, 2013  
BONDED THRU ATLANTIC BONDING CO., INC.

ALLISON C. LIBBY-SCHOONOVER

Notary

Print, Type or Stamp Name of  
Public

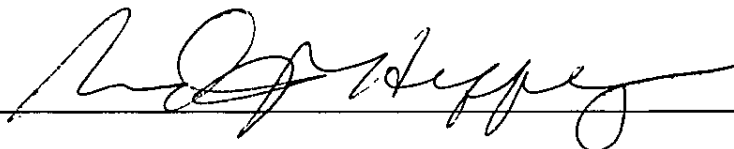
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: FLORIDA EQUIPMENT LEASING, LLC
2. The name and address of the registered agent and office is:

JOHN WILEY HORTON, ESQ.  
215 S. MONROE ST.  
SUITE 200  
TALLAHASSEE, FL 32301

By: 

Print Name: RICHARD J. HEFFLEY

DATE 8/15/11

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.

SIGNATURE 

DATE 16 Aug. 2011

REGISTERED AGENT FILING FEE: \$25.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA