# 412000086407

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(E	Business Entity Nar	me)
(0	Ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	o Filing Officer:	
	WIS	2-28102 INIT
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EXAMINER

Office Use Only





### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2012

SHIRLEY PERSAD 13829 FOLKSTONE CIR. WELLINGTON, FL 33414

SUBJECT: AMERICAN EQUIPMENT & PARTS INTERNATIONAL LLC.

Ref. Number: W12000028102

We have received your document for AMERICAN EQUIPMENT & PARTS INTERNATIONAL LLC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 212A00014860

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Ame		& Parts International LLO	C	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following:		,
Shirley	Persad		F, <b>B</b>	
	,	Name of Person		
Americ	an Equipment & Pa	arts International LLC.	25 See 32	
		Firm/Company		
13829 !	Folkstone Circle		즐길 <b>ċ</b>	į.
		Address	7.1	<del></del>
Wellingto	n. Florida. 33414			
<u> </u>		ty/State and Zip Code	<del> </del>	
d.a.v.e@a	att.net			
	E-mail address: (to be used	for future annual report notification)		
For further informati	on concerning this matter, pleas	e call:		
Dave Persad		<sub>at (</sub> 561 ) 797-5541		
Na	me 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	Certified Copy Certified Copy is enclosed Certified Copy is enclosed	0.00 Filing Fee, tificate of Status tified Copy itional copy is enclo	&
	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

$\mathbf{A}\mathbf{D}1$	ПОП	JE I	-N	ame

The name of the Limited Liability Company is:

# American Equipment & Parts International L.L.C

(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:
13829 Folkstone Circle	13829 Folkstone Circle
Wellington,FL	Wellington,FL
33414	33414
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the  Shirley Persad	stered Agent. You must designate an individual or another
Name	
13829 Folkstone	Circle
Florida street ac	idress (P.O. Box NOT acceptable)
Wellington	<sub>FL</sub> 33414
City, S	tate, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGRM" = Managing Member	
MGR PRES.	Shirley Persad
	13829 Folkstone Circle
	Wellington,FL.33414
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(Use attachment if necessary)	
LE V: Effective date, if other than ffective date is listed, the date mus	
LE V: Effective date, if other than	the date of filing: (OPTION/
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)	the date of filing: (OPTION/
LE V: Effective date, if other than ffective date is listed, the date mus	the date of filing: (OPTION/
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)	the date of filing: (OPTION/
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	the date of filing: (OPTION/
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a man (In accordance with section constitutes an affirmation u I am aware that any false in	the date of filing: (OPTION st be specific and cannot be more than five business da

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

\$ 5.00 Certificate of Status (Optional)