

L13000175078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-65385

Office Use Only



400254015364

11/25/13--01026--022 **160.00

FILED
2013 DEC 18 PM 3:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/14

DEC 19 2013
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2013

ROBERT F. MCKEOWN
4462 FAIRWAY OAKS DRIVE
MULBERRY, FL 33860

SUBJECT: CONTINENTAL EQUIPMENT SUPPLY
Ref. Number: W13000065385

We have received your document for CONTINENTAL EQUIPMENT SUPPLY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 513A00027261

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(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Continental Equipment Supply 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:

Robert F McKeown

Name of Person

Continental Equipment Supply LLC

Firm/Company

4462 Fairway Oaks Drive

Address

Mulberry, Florida 33860

City/State and Zip Code

rob@mswbiofuelsgroup.com

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

For further information concerning this matter, please call:

Rob McKeown

Name of Person

at (**863**) **602 4685**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Continental Equipment Supply, LLC
(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4462 Fairway Oaks Drive
Mulberry, Florida 33680

Mailing Address:

4462 Fairway Oaks Drive
Mulberry, Florida 33680

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:

Robert F McKeown

Name

4462 Fairway Oaks Drive

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

Mulberry

FL 33860

City, State, and Zip

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TALLAHASSEE FLORIDA

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..

R. F. McKeown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

01/01/14

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

Name and Address:

MGRM

Robert F McKeown

4462 Fairway Oaks Drive

Mulberry, Florida. 33860

MGRM

James Knight

4462 Fairway Oaks Drive

Mulberry, Florida. 33860

MGRM

Larry Earnest

2354 170th Street

Fort Dodge, Iowa. 50501

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/14. (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.)

Robert F McKeown

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)

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STATE OF FLORIDA
DEPARTMENT OF STATE