L15000019065

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100262360741

Effective Date 1215

01/20/15--01034--017 **130.00

FILED

SECRETARY OF STATE

FFB = 4 2015 **T. HAMPTO**N

Attn: Tammy Hampton

COVER LETTER

TO:	Registration Division of C			
SUBJ	ECT: <u>Heavy I</u>	equipment <u>Leasing</u> . L LC Name of Lin	nited Liability Company	<u> </u>
The er	closed Articles	of Organization and fee(s) ar	e submitted for filling.	
Please	return all corres	pondence concerning this ma	atter to the following:	
	Richard L	Cooney	Name of Person	
			Name of Person	
			Firm/Company	
	542 Roya	ıl Palm Bivd.		
			Address	
	Satellite E	Beach, FL 32937	ity/State and Zip Code	
יני	coney.jr@gma	ail com	I for future annual report notifica	ution)
For fu	rther information	a concerning this matter, plea	se call:	
Richa	ard Cooney Nam	at (717) <u>688-9003</u> Area Code Daytime Tel	lephone Number
Enclo	sed is a check fo	r the following amount:		
□ \$125.	00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$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

Effective Date 1)12/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Heavy Equipment Leasing, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
·	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
YNO WHITE THE DESCRIPTION OF STREET AND STRE	De de la Limite La Lacinity Company W.
Principal Office Address:	Mailing Address:
542 Royal Palm Blvd	Same
Satellite Beach, FL 32937	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent, You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Richard L. Cooney	
Name	
EAC Devoi Doles Divel	
542 Royal Palm Blvd, Florida street address (P.O. Box)	NOT acceptable)
Satellite Beach City	FL 32937 Zip
Having been named as registered agent and to accept serventhe place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S
(CONTINUE	(D)

Page 1 of 2

15 JAN 20 AM II: 44

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Richard L. Cooriey	
	542 Royal Palm Blvd	
	Satellite Beach, FL 32937	
	<u> </u>	
		
		
	-	
ctive date is listed, the date must be sp f filing.)	e of filing: 1/40/15 /12 1.5 becific and cannot be more than five bu	siness days prior to or
ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a management of the control of the c	ember or an authorized representative	siness days prior to or of a member. cution of this document
ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor	ember or an authorized representative	e of a member. cution of this document tated herein are true.
REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative 05.0203 (1) (b), Florida Statutes, the except the penalties of perjury that the facts somation submitted in a document to the Day as provided for in s.817.155, F.S.)	e of a member. cution of this document tated herein are true.
Signature of a me (Inaccordance with section of constitutes an affirmation under I am aware that any false infor constitutes a third degree felor Richard L. Cool	ember or an authorized representative 5.0203 (1) (b), Florida Statutes, the except the penalties of perjury that the facts somation submitted in a document to the Day as provided for in s.817.155, F.S.) ney Typed or printed name of signee Filing Fees:	e of a member. cution of this document tated herein are true. Department of State
Signature of a manufacture of or a manufacture of a manufacture	ember or an authorized representative 05.0203 (1) (b), Florida Statutes, the except the penalties of perjury that the facts somation submitted in a document to the Day as provided for in s.817.155, F.S.) ney Typed or printed name of signee	e of a member. cution of this document tated herein are true. Department of State
Signature of a manufacture of a manufacture and filling in the constitutes an affirmation under I am aware that any false information constitutes a third degree felomation in the constitutes at the const	ember or an authorized representative 05.0203 (1) (b), Florida Statutes, the except the penalties of penjury that the facts simulation submitted in a document to the Day as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: ganization and Designation of Register	e of a member. cution of this document tated herein are true. Department of State
Signature of a maximum filter and false inforced and filter and false inforced and false inforced and false inforced at the false in	ember or an authorized representative 05.0203 (1) (b), Florida Statutes, the except the penalties of penjury that the facts simulation submitted in a document to the Day as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: ganization and Designation of Register	e of a member. cution of this document tated herein are true. Department of State