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FLORIDA LIMITED LIABILITY CO. M & R Equipment Company LLC

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S. GILBERT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	M & R Equipment	Company LLC	
(Mu	st end with the words "Limite	d Liability Company, "L.L.C.," or	"Trc.")
ARTICLE II - Address:			
The mailing address and	street address of the principal	office of the Limited Liability Cor	- Or
Principal Office Addres	s: <u>Mai</u>	ing Address:	F 3
1300 Shetter Ave. #6	3306	1300 Shetter Ave. #6300	6 P. P.
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Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Marc R. Gismondi

(CONTINUED)

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Title:		Name and Address:	
	horized Member		
'MGR" = Manag MGR	ger	Marc R. Gismondì	
WOIN		1300 Shetter Ave., #6306	
		Jacksonville Beach, FL 32250	
		VackSoftVille Deadti. L 02200	
Use attachment	if necessary)		
CV: Effective de ctive date is liste	ate, if other than the date of	filing:, (OPTIONAL) Ic and cannot be more than five business days prior to or 90	
EV: Effective di ctive date is liste f filing.)	ate, if other than the date of ed, the date must be specif	filing:, (OPTIONAL) Tic and cannot be more than five business days prior to or 90	
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C V: Effective dective date is lister filling.) C VI: Other prov REQUIRED SIGNATURE CONTRACTOR I and I	ate, if other than the date of ted, the date must be specifications, if any. GNATURE: Signature of a membraccordance with section 605 astitutes an affirmation under aware that any false information to the section of the section o	filing:	
ctive date is list f filing.) E VI: Other prov REQUIRED SIG	ate, if other than the date of ted, the date must be specifications, if any. GNATURE: Signature of a membraccordance with section 605 astitutes an affirmation under aware that any false information to the section of the section o	lic and cannot be more than five business days prior to or 90 let or an authorized representative of a member. i.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State	

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