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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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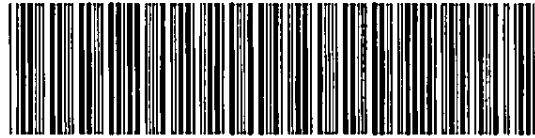
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

CLAYTON H. BLANCHARD, JR., P.A.

Attorney at Law
35 East Pinchurst Boulevard
Eustis, Florida 32726

Telephone (352) 589-1919

Telecopier (352) 589-0032

November 28, 2018

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Southern Triangle Equipment LLC

Dear Sir or Madam:

In reference to the above, enclosed please find *Articles of Organization of Southern Triangle Equipment LLC* to be filed with the Florida Department of State. Also, enclosed please find a check in the amount of \$125.00 for the filing fee.

If you should have any questions or comments, please do not hesitate to contact me at (352) 589-1919.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rachel L. Symons', written in a cursive style.

Rachel L. Symons
Secretary to Clayton H. Blanchard, Jr.

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern Triangle Equipment LLC

(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:

4800 N. Highway 19A
Mount Dora, Florida 32757

4800 N. Highway 19A
Mount Dora, Florida 32757

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:

Gary D. Johnson

Name

4800 N. Highway 19A

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

Mount Dora

FL 32757

City

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Gary D. Johnson

4800 N. Highway 19A

Mount Dora, Florida 32757

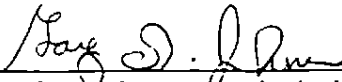
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Gary D. Johnson

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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