

# C21000503848

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : PONELL, JACKMAN, STEVENS & RICCIARDI, P.A.  
Account Number : I28178000034  
Phone : (239)689-1096  
Fax Number : (239)791-8132

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Legal@your-advocates.org

FLORIDA LIMITED LIABILITY CO.  
EQUIP RENTZ, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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2021 NOV 29 PM 2:47

2021 NOV 29 PM 2:47

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: EQUIP RENTZ, 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:

RICHARD M. RICCIARDI, JR. ESQ

Name of Person

Firm/Company

2050 MCGREGOR BLVD

Address

FORT MYERS, FL 33901

City/State and Zip Code

LEGAL@YOUR-ADVOCATES.ORG

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

For further information concerning this matter, please call:

RICHARD M. RICCIARD, JR. E 239 689-1096

Name 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

☐ \$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

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 NOV 29 PM 2:47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EQUIP RENTZ, LLC

(Must contain 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:

2511 PALM AVE  
FORT MYERS, FL 33916

2511 PALM AVE  
FORT MYERS, FL 33916

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:

RICHARD M. RICCIARDI, JR. ESQ

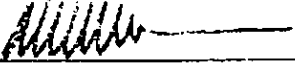
Name

2050 MCGREGOR BLVD

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

<u>FORT MYERS</u>	<u>FL</u>	<u>33916</u>
City	State	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)

2021 NOV 29 PM 2:47

FILED IN PUBLIC

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" - Authorized Member

"MGR" = Manager

AMBR \_\_\_\_\_

RALPH C. ANDREW III

2511 PALM AVE

FORT MYERS, FL 33916

AMBR \_\_\_\_\_

MICHAEL EARLY

2511 PALM AVE

FORT MYERS, FL 33916

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

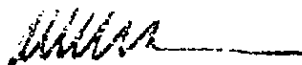
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

RICHARD M. RICCIARDI JR. ESQ

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)

2021 NOV 29 PM 4:47

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FL