

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000108232 3)))



H220001082323ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SANDERS LAW GROUP, PA
Account Number : I20210000023
Phone : (727)328-7755
Fax Number : (727)328-7744

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

Email Address: CHRIS@SANDERSLAWGROUP.COM

RECEIVED

2022 MAR 24 AM 8:54

FLORIDA DEPARTMENT OF
STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
EQUIPMENT MANAGEMENT IQ, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 MAR 24 PM 2:55

FILED

(((H22000108232 3)))

**ARTICLES OF ORGANIZATION
OF
EQUIPMENT MANAGEMENT IQ, LLC**

ARTICLE I – NAME

The name of the limited liability company is Equipment Management IQ, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:

2600 Dr. Martin Luther King, Jr. St. N.
Suite 301
St. Petersburg, Florida 33704

Mailing Address:

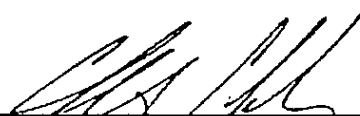
2600 Dr. Martin Luther King, Jr. St. N.
Suite 301
St. Petersburg, Florida 33704

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Sanders Law Group, PA
2958 1st Avenue N.
St. Petersburg, Florida 33713

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.



Christopher C. Sanders Esq.

(((H22000108232 3)))

FILED
2022 MAR 24 PM 2:55

((H22000108232 3)))

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:


AMBR

David C. Travis
1845 Bayou Grande Blvd. NE
St. Petersburg, Florida 33703

AMBR

William Reid Holden
1201 Seville Ln. NE
St. Petersburg, Florida 33704

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.

Christopher C. Sanders, Esq.

Typed or printed name of signee

FILED
2022 MAR 24 PM 2:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

((H22000108232 3)))