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Division of Corporations

Fax Services

Fax Number : (850)617-6381

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RECON

Account Number : 076376001555 Phone : (803)255-9617

Fax Number : (561)483-7321

Enter the email address for this business entity to be used for fu⊞re annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. SM EQUIPMENT RENTALS LLC

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Fax Audit Number: H220001115663

ARTICLES OF ORGANIZATION OF

SM EQUIPMENT RENTALS LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be SM EQUIPMENT RENTALS LLC.

ARTICLE II

The street address of the principal office of the limited liability company shall be 927 Nautilus Isle, Dania Beach, FL 33004. The mailing address shall be 927 Nautilus Isle, Dania Beach, FL 33004 with the privilege of having its offices and branch offices at other places within or with the of Florida.

ARTICLE III

The initial registered office of this limited liability company is 515 E Park Avenue, Flora 2, Tallahassee, FL 32301. The initial registered agent at that address is Capitol Corporate Services. Inc.

ARTICLE IV

The limited liability company shall be Manager Managed. The initial Manager of the limited liability company is: Steven N. Michaels.

ARTICLE V

This limited liability company shall commence its existence as of the filing hereof and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization as of February 22, 2022.

STEVEN N. MICHAISLS
Authorized Representative

Fax Audit Number: H220001115663

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is:

SM EQUIPMENT RENTALS LLC

Capitol Corporate Services, Inc.

SECOND -- The name and address of the registered agent and office is:

Tallahassee, FL 32301

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.

Taylor Seay, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Fax Audit Number: H220001115663