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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-5351

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : 120090022032
Phone : (561)792-2236
Fax Number : (561)282-8082

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
HEAVY MACHINERY EQUIPMENT LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY****ARTICLE I: NAME**

The name of the Limited Liability Company is:

HEAVY MACHINERY EQUIPMENT LLC**ARTICLE II: Address**


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

**10570 CITY CENTER BLVD
APT 308
PEMBROKE PINES, FLORIDA 33025****ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

**A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411**

Having been named as registered agent 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.

x 

A1A REGISTERED AGENT INC. / Registered Agent's Signature

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HEAVY MACHINERY EQUIPMENT LLC

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

AMBR:

**JUAN CARLOS COSTAS CHIAPPE
CALLE SANCHEZ LIMA 2600 EDIF TANGO PISO 4
LA PAZ, BOLIVIA**

x



JUAN CARLOS COSTAS CHIAPPE

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.)

STATE OF FLORIDA
TALLAHASSEE, FL

DEPARTMENT OF STATE

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