

L23000376042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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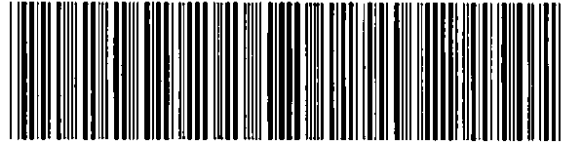
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/10/23--01020--014 **125.00

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2023 JUL 10 PM 1:39
SECRETARY OF
FALL ASSESSED, FALL 2023

ARTICLES OF ORGANIZATION
OF
AMERICAN EQUIPMENT FINANCE, LLC

I.

The name of the Limited Liability Company is "AMERICAN EQUIPMENT FINANCE, LLC"

II.

The Limited Liability Company is organized pursuant to the provisions of the Florida Limited Liability Company Act.

III.

The Limited Liability Company is organized for profit to engage in any lawful business or activity for which limited liability companies may be organized under the Florida Limited Liability Company Act for a perpetual duration.

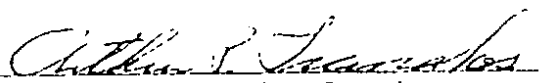
IV.

The initial registered agent and the street address of the registered office shall be: Joe Creamons, 3718 Vickers Lake Drive, Jacksonville, Florida 32224.

V.

The initial member of the Limited Liability Company is Linda Creamons, and her address and the mailing address of the principal place of business of the Limited Liability Company shall be 3718 Vickers Lake Drive, Jacksonville, Florida 32224.

IN WITNESS WHEREOF, the undersigned organizer executes these Articles of organization.


Arthur P. Tranakos, Organizer
Atranakos@aol.com

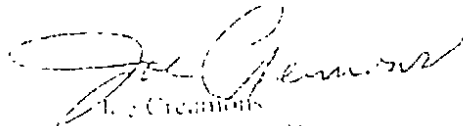
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2023 JUL 10 PM 1:39
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
SECRETARY of STATE
CORPORATION DIVISION

CERTIFICATE OF ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

I, Joe Creamons, being a resident of the state of Florida, do hereby accept the appointment to serve as resident agent for American Equipment Finance, LLC, a limited liability company organized under the laws of the state of Florida.

This 9th day of June, 2023.


Joe Creamons
2718 Vickers Lake Drive
Jacksonville, Florida 32224

M23000010568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

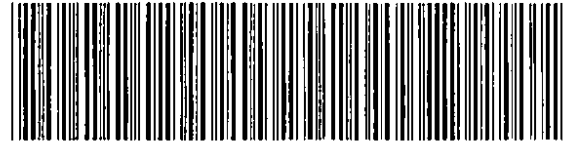
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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07/21/23--01011--019 **160.00

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2023 AUG 15 AM 10:37
CLERK OF STATE
TREASURY DEPT
TALLAHASSEE, FLORIDA

M. SOLOMON

AUG 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lane Enterprises, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Patrice Boyes, Esq.

Name of Person

Patrice Boyes, P.A.

Firm/Company

5700 SW 34th Street, Suite 1120

Address

Gainesville, Florida 32608

City/State and Zip Code

jbuffington@lane-enterprises.com

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

For further information concerning this matter, please call:

Cameron Heaton

Name of Contact Person

at (352)

Area Code

372-2684

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2023 AUG 15 AM 10:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lane Enterprises, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Lane Drainage Products, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania Department of State
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. NA/No business transacted yet
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 3905 Hartzdale Drive
(Street Address of Principal Office)

6. 3905 Hartzdale Drive
(Mailing Address)

Suite 514

Suite 514

Camp Hill, PA 17011

Camp Hill, PA 17011

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

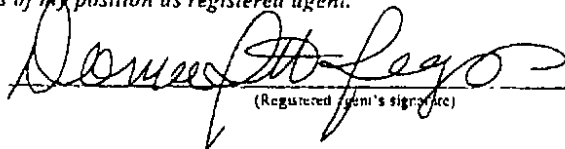
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2023 AUG 15 AM 10:37

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Patrick Collings</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Annette Bliss</u>
<input type="checkbox"/> Member	Address: <u>3905 Hartzdale Drive, Suite 514</u>	<input type="checkbox"/> Member	Address: <u>3905 Hartzdale Drive, Suite 514</u>
<input type="checkbox"/> Authorized	<u>Camp Hill, PA 17011</u>	<input type="checkbox"/> Authorized	<u>Camp Hill, PA 17011</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Crystal Skotedis</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael McCauley</u>
<input type="checkbox"/> Member	Address: <u>3905 Hartzdale Drive, Suite 514</u>	<input type="checkbox"/> Member	Address: <u>3905 Hartzdale Drive, Suite 514</u>
<input type="checkbox"/> Authorized	<u>Camp Hill, PA 17011</u>	<input type="checkbox"/> Authorized	<u>Camp Hill, PA 17011</u>
Person		Person	
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: <u>Mark Dick</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Janice Buffington</u>
<input type="checkbox"/> Member	Address: <u>3905 Hartzdale Drive, Suite 514</u>	<input type="checkbox"/> Member	Address: <u>3905 Hartzdale Drive, Suite 514</u>
<input type="checkbox"/> Authorized	<u>Camp Hill, PA 17011</u>	<input type="checkbox"/> Authorized	<u>Camp Hill, PA 17011</u>
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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2023 AUG 15 AM 10:37
DEPT. OF STATE
RECEIVED

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Skotedis, Secretary/Treasurer

Signature of an authorized person

Crystal Skotedis

Typed or printed name of signer

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Lane Enterprises, LLC
Request Type: Subsistence Certificate **Issuance Date:** July 14, 2023
Request No.: 018679837 **File No.:** 0000896944
Receipt No.: 000604557
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: December 03, 1985
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Lane Enterprises, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2023

PATRICE BOYES, P.A.
5700 SW 34TH STREET, SUITE 1120
GAINESVILLE, FL 32608 US

SUBJECT: LANE ENTERPRISES, LLC
Ref. Number: W23000102170

We have received your document for LANE ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway
Regulatory Specialist II

Letter Number: 723A00016796