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	Division of Cor	°porations	
	Fax Number	: (850)617-6381	2023 00
From:			2
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	(3)
	Account Number	: 120000000019	
	Phone	: (305)552-5973	<u></u>
	Fax Number	: (305)675-5944	0,
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**Enti	er the email add	ress for this business entity to be used for future	رې
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## FLORIDA LIMITED LIABILITY CO. SHINE ENTERPRISE EQUIPMENT LLC

Certificate of Status	1
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Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Shive Enterprise Equipmen LLC  ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability  Company is:
- 75W 8 5 HH
Hialeah F133DID
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)
- Ramon Hernaydes
75W 85 #4 0
Hialean Fl33010
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
AMBR - Ramon Hernandez
7. <u>7.</u> <u>9.</u>
- <u>\( \tilde{\pi} \) \( \tilde{\pi} \)</u>

EIN: 93 - 3928787

Required Signatures:

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.3.

Typed or printed name of signee

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)

TRILE STATE OF DATE