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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/12/2024		
	Cheyanne Davis		
Reference #:	2556481		
	GINN E	QUIPMENT, LLC	<u></u>
✓ Article ☐ Amen	es of Incorporation/Authorizati dment ge of Agent tatement		S CT LAHASSEE, FL
Conve	ersion		
_	ous Name		
Authorized A	mount: \$125.00		

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	11/12/2024		
Name:	Cheyanne Davis		
Reference #	2556481		
	GINN E	QUIPMENT, LLC	· · · · · ·
Article Amer Chan Reins Conve	es of Incorporation/Authorization ndment ge of Agent statement ersion		SEC. ANT LE STATE TALLAHASSEE, FL
☐ Fictitio	olution/Withdrawal		
Authorized A	Amount: \$125.00		

F: 800.944.6607

F: +852.2682.9790

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ginn Equ	uipment, LLC	
(Must contain the words "Limited Liabi	fity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6557 Summer Duck Rd.	Same	
Tallahassee, FL 32309		_
ARTICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature:	
The Limited Liability Company cannot serve as its own Regi nother business entity with an active Florida registration.)	stered Agent. You must designate an individual or.	C. NO.
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.) The name and the Florida street address of the registered ager Coge	istered Agent. You must designate an individual or. It are: It a	2
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.) The name and the Florida street address of the registered ager	stered Agent. You must designate an individual or. It are: ncy Global Inc.	2 AM
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.) The name and the Florida street address of the registered ager Coge Nar	istered Agent. You must designate an individual or. It are: It a	2 AM
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.) The name and the Florida street address of the registered ager Cogel Nar	stered Agent. You must designate an individual or it are: Note	2
Nar 115 North C	stered Agent. You must designate an individual or it are: Note	2 AM

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. Thereby accept the appointment as registered agent and agree to act in this capacity. Afurther 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)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Chris Ginn
	6557 Summer Duck Rd.
	Tallahassee, FL 32309
	-
(Use attachment if necessary)	
·	filing: COPTIONAL) 1
EV: Effective date, if other than the date of ective date is listed, the date must be spec	f filing: (OPTIONAL) = ific and cannot be more than five business days prion to or 90
EV: Effective date, if other than the date of ective date is listed, the date must be spec of filing.) The date inserted in this block does not me	f filing: (OPTIONAL) ific and cannot be more than five business days prion to or 90 are the applicable statutory filing requirements, this date still not
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)