# H0000003924

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Canon Equipment Scources L.C. (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business 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:
Mad Gainer (Name of Person)
Gaman Equipment Sorvices LLC (Firm/Company)
9 25 25 NE. (Address)
(Address)
Caro, Ga. 39828
(City/State and Zip Code)
For further information concerning this matter, please call:
Chad Ganay at (229) 378-7178 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{array}{c} \pm \frac{1}{2} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

IN COM	IPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITE	DILIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	(Name of Foreign Limited Liability Company)
	(Name of Foreign Limited Liability Company)
2. (Turio	diction under the law of which foreign limited liability (FEI number, if applicable)
comp	any is organized)
4.	(Date of Organization)  5. (Duration: Year limited Rability company will cease to
	(Date of Organization) (Duration: Year limited Rability company will cease to exist or "perpetual")
	control perpendical
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
	$\sim 1$
7	9 25 \$ St. NE.
	Carro Ga 39828
	Catro, Ga. 39828 (Street Address of Principal Office)
Q Ifli	mited liability company is a manager-managed company, check here
0. 11 11.	inited hability company is a manager-managed company, check here
9. The	name and usual business addresses of the managing members or managers are as follows:
	Chad Gassay 9 25 26 62. NE Cev-0, Ga. 39828
	0 0 2000
	(lev-0, Ga. 397 CB
	ched is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a on of the certificate under oath of the translator must be submitted.)
	,, o, u, o u u u u u u u u u u u u u u u
11. Na	ture of business or purposes to be conducted or promoted in Florida:
	Landscarp landscarping
·	
	Signature to market or mouthorized representative of a member 5
	Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), F.S., the execution of this document constitutes
	an affirmation under the penalties of perjury that the facts stated herein are true.)
	Charles Tell
	Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Gainan Egujsmit Seources LLC
3 0
2. The name and the Florida street address of the registered agent and office are:
Grea Gaskin
(Name)
5545 Pimlico Drive
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallghassee FL 32309
City/State/Zip

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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JULIA SEE FLORIDA

Control No. 0636158

### STATE OF GEORGIA

#### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### GAINEY EQUIPMENT SERVICES LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 05/25/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 14th day of July, 2006

Cathy Cox Secretary of State

Certification Number: 182704-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp TALLAHASSEE, FLORIDA

FILED