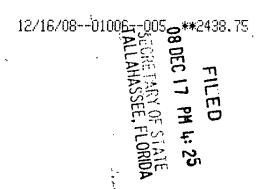
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	Requestor's Name)	
(Address)	
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	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
•	Office Use Only	



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EXAMINER

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FILING COVER	SHEET		
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CONTACT:	RICKY SO	<u>TO</u>	ALL ALLESS
DATE:	12/17/2008		in the second
REF. #:	000638.96912		
CORP. NAME:	MAY HEA	VY-EQUIP FLORIDA, LLC	
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() ARTICLES OF INCORPORATION		() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT	Γ	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
(XX) FOREIGN QUAL	IFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMEN	Г	() MERGER	() WITHDRAWAL
() CERTIFICATE O	CANCELLATIO	N	
() OTHER:			
STATE FEES I	PREPAID W	ттн снеск# <u>58643</u>	FOR \$ 165.00
AUTHORIZAT	TION FOR A	ACCOUNT IF TO BE DEBITE	ED:
		COST LI	MIT: \$
PLEASE RETU	JRN:		
(XX) CERTIFIED C	OPY ()	CERTIFICATE OF GOOD STANDING	() PLAIN STAMPED COPY
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Examiner's Initia	als		

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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 t	he Limited Liability Company is:
May Heavy-l	Equip Florida, LLC
If name unavaila	ble, the alternate name to be used in the state of Florida is:
2. The name and	the Florida street address of the registered agent and office are:
! -	National Corporate Research, LTD., Inc. (Name)
2	515 East Park Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee 32301 FL 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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MAY HEAVY-EQUIP FLORIDA, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 3rd day of December, 2008, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of December, 2008.

Secretary of State

Elaine I. Marshall

Certification# 88790584-1 Reference# 9504950-ACH Page: 1 of 1 Verify this certificate online at www.secretary.state.ne.us/verification