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EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE :

301445 7619930

AUTHORIZATION~

COST LIMIT

ORDER	DATE	:	March	2,	2010

ORDER TIME : 11:56 AM

ORDER NO. : 301445-025

CUSTOMER NO: 7619930

FOREIGN FILINGS

NAME: ELLIOTT AMQUIP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS II	NTHE STATE OF FLORIDA:
Elliott AmQuip LLC	
(Name of Foreign Limited Liability Company; must	t include "Limited Liability Company," "L.L.C.," or "LLC.")
	purpose of transacting business in Florida and attach a copy of the writte the alternate name, The alternate name must include "Limited Liability
2 Delaware	3 26-0360141
(Jurisdiction under the law of which foreign limited liab company is organized)	(FEI number, if applicable)
4, 06/14/2007	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. 03/10/2010	•
(Date first transacted business (See sections 608.501 & 608.50	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)
7. 215 River Hills Drive	
Nashville, TN 37210	
(Street Ad	dross of Principal Office)
3. If limited liability company is a manager-mana	aged company, check here
9. The name and usual business addresses of the	managing members or managers are as follows:
Robert Schiller	
1150 Northbrook Drive, Suite 100	
Trevose, PA 19053	
	,
Crane Rental	
and a	Per l
Signature of a member or a	n authorized representative of a member.
(In accordance with section 608.408	(3), F.S., the execution of this document constitutes of perjury that the facts stated herein are true.)
Robert Schiller	a porjust man die nacis onnen neterit me true.)

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 Cor	npany is:				
Elliott AmC	Quip LLC					
If name unava	ailable, the alternate name to	be used in the state of Florida is:				
2. The name	and the Florida street addres	s of the registered agent and office are	:			
	Corporation Service (Company				
	(Name)					
	1201 Hays Street	•				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee	_{FL} 32301				
		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.

Corporation Service Company

BY: Kelley lokean, and. Servitary

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ELLIOTT AMQUIP LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRD DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELLIOTT AMOUIP LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4371539 8300

100239704

You may verify this certificate online

AUTHENTY CATION: 7844830

DATE: 03-03-10