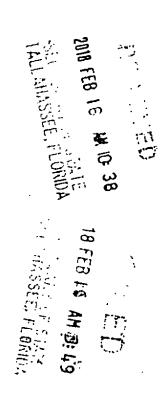
11800001679

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000309082890



FEB 1 9 2018
Y SULKER



2/16/2018

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date:
Name: Merritt Knickle
Reference #:
Entity Name: NATIONAL EQUIPMENT DEALERS, LLC
✓ Articles of Incorporation/Authorization to Transact Business
Amendment
Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitous Name
Other
Authorized Amount: \$125
Signature: WAYK

€ CORPORATE HQ COGENCY GLOBALING. 10 E 40 ST, 10 1 FU NY, NY 10016

800.221.0102 -1,212.947.7200 FEUROPEAN HQ

COGENCY GLOBAL (UICHIMITED REGISTERS DENGLAND RWALES BEGISTER GROOM) 6 BEVIS MARKS, PIFE LONDON EC3A 78A +44 (0)20,3786,1090

(ASIA PACIFIC HQ

COGENCY GLOBAL (HK) HMITED AHORGYOLG LW TED COMPANY INFINITUS PLAZA, 12 " FL. 199 DES VOEUX RD CENTRAL HONG KONG

+852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

COVER LETTER

TO:

го:	Registration Section Division of Corporation	15				
211R 1G7	National Equipment					
SOBJEC	~!·	Name of I	Limited Liability C	ompany		
The encl Existenc	osed "Application by For e, and check are submitte	eign Limited Liability Comp d to register the above refere	pany for Authorizatenced foreign limit	ion to Tra ed liability	nsact Business in Florida," C company to transact busines	Certificate of ss in Florida.
Please re	eturn all correspondence c	oncerning this matter to the	following:			
	Elizabeth Camp	obeli, Paralegal				
	···	N	ame of Person	<u> </u>		
	Robinson, Brad	Ishaw & Hinson, P.A.				
		Fi	rm/Company			
	101 N. Tryon S	treet. Suite 1900				
			Address	-		
	Charlotte, NC 2	28246				
		City/S	tate and Zip Code			
	ecampbell@robi	nsonbradshaw.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For furtl	ner information concernin	g this matter, please call:				
	Elizabeth Campbell		704 at (377-81	70	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section uilding ecutive Center Circle iee, FL 32301	
Enclose	d is a check for the follow ☐ \$125.00 Filing Fee	ring amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter attemate a Delaware	THE TRADECT IOL OF THE PART OF GREENE AND ASSESSED.		
Delaware	•	tte. The alternate name must include "Limited Lieb:	
geta we to	hich foreign limited liability company is organized)	3. (FEI mambe	er, if applicable)
(lunsdiction under the law of w	high totelan anated impants conducts is (against a)	·	
Upon Filing			
	(Date first transacted business in Florada, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration) ie penalty fiability)	
215 Woodside Drive	·	6 215 Woodside Drive	
(Street Address of	Principal Office)	(Mailing Addr	css)
Lexington, NC 27292		Lexington, NC 27292	 =
			£8
		NOT	ر الله الله الله الله الله الله الله الل
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	02 · · • • • • • • • • • • • • • • • • •
Name:	Howard Abell		
Mario.	2225 Clark Server		4
Office Address:	2325 Clark Street		
	Apopka	, Florida 32703 (Zip cod	ਹੈ ⊹ੌੜ
	(City)	(Zip cod	c)
aving been named as r signated in this applic comply with the provi	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.	s registered agent and agree to act and complete performance of my	in this capacity. I juriner
aving been named as r signated in this applic comply with the provi	egistered agent and to accept service of p ation, I hereby accept the appointment as sions of all striutes relative to the proper	s registered agent and agree to act and complete performance of my	in this capacity. I juriner
ving been named as r signated in this applic comply with the provi d accept the obligation	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Regulated agent's	and complete performance of my signature) as/have authority to manage is/are:	in this capacity. I juriner duties, and I am familiar (
ving been named as r signated in this applic comply with the provi d accept the obligation	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.	s registered agent and agree to act and complete performance of my	in this capacity. I juriner
wing been named as r signated in this applic comply with the provi d accept the obligation . The name, title or ca	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's accity and address of the person(s) who have and Address: L. Kerry Vikar	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Mame and Address: Mitch Nevins
iving been named as resignated in this applic comply with the provide accept the obligation. The name, title or capacity:	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's accity and address of the person(s) who has Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 811 Mills Rd
iving been named as resignated in this applic comply with the provide accept the obligation. The name, title or capacity:	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's accity and address of the person(s) who have and Address: L. Kerry Vikar	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Mame and Address: Mitch Nevins
aving been named as resignated in this application comply with the provint accept the obligation. The name, title or capacity: Manager	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's traction and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 811 Mills Rd
aving been named as resignated in this applic comply with the provided accept the obligation. The name, title or capacity:	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's tracking and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 811 Mills Rd
aving been named as resignated in this application comply with the provint accept the obligation. The name, title or capacity: Manager	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's traction and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 811 Mills Rd
aving been named as resignated in this application of the proving accept the obligation. The name, title or cate the or Capacity: Manager Manager	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's tracking and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200 Charlotte, NC 28284	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 811 Mills Rd
signated in this applic comply with the provi ad accept the obligation . The name, title or can Title or Capacity:	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's accity and address of the person(s) who has Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 8111 Mills Rd
aving been named as resignated in this application comply with the provint accept the obligation. The name, title or capacity: Manager	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's traction and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 811 Mills Rd
wing been named as resignated in this application the provided accept the obligation. The name, title or capital accept the manner title or Capacity: Manager	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's traction and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 811 Mills Rd
wing been named as resignated in this application the provided accept the obligation. The name, title or capacity: Manager Manager	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's tracking and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200 Charlotte, NC 28284	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 811 Mills Rd
yving been named as resignated in this applicated in this application of the provided accept the obligation. The name, title or capacity: Manager Manager Jise attachments if necessity in the provided in	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Regulared agent's accept and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200 Charlotte, NC 28284	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 8111 Mills Rd Houston, TX 77064
wing been named as resignated in this application of the proving accept the obligation. The name, title or capacity: Manager Manager Jise attachments if necessary accepting a certification.	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Regulared agent's accept and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200 Charlotte, NC 28284 ESSARY)	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager duly authenticated by the official have	Name and Address: Mitch Nevins 8111 Mills Rd Houston, TX 77064
wing been named as risignated in this applic comply with the provide accept the obligation. The name, title or capacity: Manager Manager Attached is a certification under the last	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's tracking and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200 Charlotte, NC 28284 essary) the of existence, no more than 90 days old, wof which it is organized. (If the certificates)	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager duly authenticated by the official have	Name and Address: Mitch Nevins 8111 Mills Rd Houston, TX 77064
wing been named as risignated in this applic comply with the provide accept the obligation. The name, title or capacity: Manager Manager Manager Attached is a certifical risdiction under the last	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's tracking and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200 Charlotte, NC 28284 essary) the of existence, no more than 90 days old, wof which it is organized. (If the certificates)	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager duly authenticated by the official have	Name and Address: Mitch Nevins 8111 Mills Rd Houston, TX 77064
aving been named as resignated in this applic comply with the provided accept the obligation. The name, title or capacity: Manager Manager Use attachments if necessarisdiction under the law of the translator must be on This document is expense.	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent) (Registered agent)	duly authenticated by the official hate is in a foreign language, a translate of (1) (b), Florida Statutes. I am awa	Name and Address: Mitch Nevins 8111 Mills Rd Houston, TX 77064 aving custody of records in tion of the certificate under
wing been named as resignated in this applic comply with the provided accept the obligation. The name, title or capacity: Manager Manager Use attachments if necessity attached is a certifical residuction under the law of the translator must be a complete the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the translator must be a certifical residuction under the law of the certifical residuction under the	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's transport and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200 Charlotte, NC 28284 essary) the of existence, no more than 90 days old, we of which it is organized. (If the certificate submitted) escuted in accordance with section 605.020 to the Department of State constitutes a the	duly authenticated by the official hete is in a foreign language, a translation of the degree felony as provided for in	Name and Address: Mitch Nevins 8111 Mills Rd Houston, TX 77064 aving custody of records in tion of the certificate under
wing been named as resignated in this applic comply with the provided accept the obligation. The name, title or capacity: Manager Manager Manager Attached is a certification under the law the translator must be accepted to the capacity in the translator must be accepted. This document is expected to the translator must be accepted to the translator must be ac	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's transport and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200 Charlotte, NC 28284 essary) the of existence, no more than 90 days old, we of which it is organized. (If the certificate submitted) escuted in accordance with section 605.020 to the Department of State constitutes a the	duly authenticated by the official hete is in a foreign language, a translation of the degree felony as provided for in	Name and Address: Mitch Nevins 8111 Mills Rd Houston, TX 77064 aving custody of records in tion of the certificate under
aving been named as resignated in this applic comply with the provided accept the obligation. The name, title or capacity: Manager Manager Use attachments if necessarisdiction under the law of the translator must be on This document is expense.	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's transport and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200 Charlotte, NC 28284 essary) the of existence, no more than 90 days old, we of which it is organized. (If the certificate submitted) escuted in accordance with section 605.020 to the Department of State constitutes a the	duly authenticated by the official hate is in a foreign language, a translate of (1) (b), Florida Statutes. I am awa	Name and Address: Mitch Nevins 8111 Mills Rd Houston, TX 77064 aving custody of records in tion of the certificate under
aving been named as resignated in this applic comply with the provint accept the obligation. The name, title or capacity: Manager Manager Use attachments if necessity accept the law in the law in the law in the translator must be	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's accept agent and address of the person(s) who has a Name and Address: L. Kerry Vikar 112 South Tryon St., Ste. 200 Charlotte, NC 28284 Jeffrey R. Gifford 112 South Tryon St., Ste. 200 Charlotte, NC 28284 essary) the of existence, no more than 90 days old, by of which it is organized. (If the certificate submitted)	duly authenticated by the official hate is in a foreign language, a translational and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: Manager	Name and Address: Mitch Nevins 8111 Mills Rd Houston, TX 77064 aving custody of records in tion of the certificate under

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NATIONAL EQUIPMENT DEALERS, LLC" IS

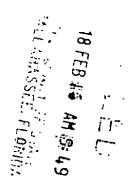
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

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

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL EQUIPMENT DEALERS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2017.

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





Authentication: 202159245

Date: 02-15-18

6560315 8300 SR# 20181034221