

M23000014599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23-149672

Office Use Only



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1. 2023-11-15 17:39 \*\*125.00

**FILED**  
2023 NOV 15 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2023

CHRISTINE CARLSON  
P.O. BOX 60577  
FORT MYERS, FL 33906 US

SUBJECT: CONSTRUCTION EQUIPMENT PARTS, LLC  
Ref. Number: W23000149672

We have received your document for CONSTRUCTION EQUIPMENT PARTS, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 923A00025516

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Construction Equipment Parts, LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in 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:**

**Christine Carlson**

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**Name of Person**

**Construction Equipment Parts, Tax Dept.**

Firm/Company

P.O. Box 60577

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**Address**

Fort Myers, FL 33906-6577

City/State and Zip Code

**ceparts@albynintl.com**

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Christine Carlson	239	264-6000
Name of Contact Person	Area Code	Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy      ☐ \$160.00 Filing Fee, Certificate 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:

1. Construction Equipment Parts, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware, USA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3778767  
(FEI number, if applicable)

4. 08/03/2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Construction Equipment Parts, LLC  
(Street Address of Principal Office)

6. Construction Equipment Parts, LLC - Tax  
(Mailing Address)

2506 S. Military Hwy

P.O. Box 60577

Chesapeake, VA 23320

Fort Myers, FL 33906-6577

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 S Pine Island Road #250

Plantation, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kimberly Bowens Assistant Secretary

(Registered agent's signature)

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Scott Young</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Sherry Lowe Johnson</u>
<input type="checkbox"/> Member	Address: <u>2506 S. Military Hwy</u>	<input type="checkbox"/> Member	Address: <u>2506 S. Military Hwy</u>
<input type="checkbox"/> Authorized	<u>Chesapeake, VA 23320</u>	<input type="checkbox"/> Authorized	<u>Chesapeake, VA 23320</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Krister Persson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2506 S. Military Hwy</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Chesapeake, VA 23320</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Sherry Lowe Johnson

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSTRUCTION EQUIPMENT PARTS, 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSTRUCTION EQUIPMENT PARTS, LLC" WAS FORMED ON THE FOURTH DAY OF NOVEMBER, A.D. 2020.

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



4042560 8300

SR# 20233577512

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204248766

Date: 09-26-23