

M24000009913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

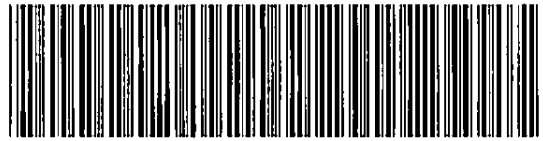
(Document Number)

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

Special Instructions to Filing Officer:

W24000097743

Office Use Only



400432057784

06/02/24--01001--01L \*\*51.25

06/26/24--01003--004 \*\*72.75

2024 AUG -2 AM 10:53  
SECRETARY OF STATE  
HALLAHASSEE, FLORIDA

FILED

M. SOLOMON

AUG - 2 2024

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

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Florida Machinery Rentals, LLC  
Name of Foreign Limited Liability Company (do not include "Limited Liability Company" ("LLC") or "LLP")

2. Where incorporated, organized, or otherwise duly organized for purposes of transacting business in Florida: The (foreign name) and include (foreign state or country) "LLC" or "LLP"

Wyoming 9913647476  
3. (Specify whether the act of such foreign limited liability company is original or) (If not, specify if applicable)

4. Future transactions (no prior transactions done as of today)  
(Date of incorporation, organization, or other registration)  
(Specify whether the act of such foreign limited liability company is original or) (If not, specify if applicable)

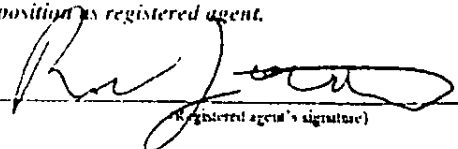
5. 1065 SW 8th Street 30 N. Gould Street  
(Street Address in Florida) (Main Office Address)  
Suite #243 Suite R  
Miami, Florida 33130 Sheridan, WY 82801

7. Name and street address of Florida registered agent (P.O. Box [NQT] acceptable)

Name Robin Jones  
Office Address 1065 SW 8th Street, Suite 243  
Miami 33130, Florida (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.

  
(Registered agent's signature)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 type="checkbox"/> Manager	Name: Robin Jones	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1065 SW 8th Street,	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite #243	<input type="checkbox"/> Authorized	_____
Person	Miami, FL 33130	Person	_____
<input type="checkbox"/> Other _____	Other _____	<input type="checkbox"/> Other _____	Other _____

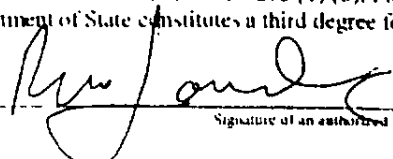
<input type="checkbox"/> Manager	Name: Yery Sanz	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1065 SW 8th Street,	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite #243	<input type="checkbox"/> Authorized	_____
Person	Miami, FL 33130	Person	_____
<input type="checkbox"/> Other _____	Other _____	<input type="checkbox"/> Other _____	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 _____	Other _____	<input type="checkbox"/> Other _____	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  
Robin Jones  
\_\_\_\_\_  
Typed or printed name of signer

2024 AUG -2 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,


**Florida Machinery Rentals, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 21, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001478402**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of July, 2024 at 3:04 PM. This certificate is assigned ID Number 074266426.



  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2024

ROBIN N JONES  
30 N GOULD STREET STE R  
SHERIDAN, WY 82801 US

SUBJECT: FLORIDA MACHINERY RENTALS LLC  
Ref. Number: W24000097743

We have received your document for FLORIDA MACHINERY RENTALS LLC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$51.25.

The form you submitted is for a Foreign Corporation, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

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

**RECEIVED**

Mel Solomon  
Operations Manager A

AUG 02 2024

Letter Number: 424A00015550



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2024

ROBIN N JONES  
30 N GOULD STREET STE R  
SHERIDAN, WY 82801 US

SUBJECT: FLORIDA MACHINERY RENTALS LLC  
Ref. Number: W24000097743

We have received your document for FLORIDA MACHINERY RENTALS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Corey Pettway  
Regulatory Specialist II

Letter Number: 724A00014353