



State of New Hampshire

Department of State

Corporation Division

603-271-3246



Enclosed is the acknowledgment copy of your Certificate of Formation. It acknowledges this office's receipt and filing of your documents.

Should you have any questions, you may contact the Corporation Division at the above number or email us at corporate@sos.state.nh.us. Please reference your Business ID # located in the filed section of the enclosed acknowledgement copy of Certificate of Formation.

Please visit our website for helpful information regarding all your business needs.

Regards,

New Hampshire Department of State
Corporation Division

Business ID#: 718802

Filed
Date Filed: 12/11/2014
Business ID: 718802
William M. Gardner
Secretary of State

State of New Hampshire

Filing fee: \$50.00
Fee for Form SRA: \$50.00
Total fees \$100.00
Use black print or type.

Form LLC-1
RSA 304-C:31

CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, under the New Hampshire Limited Liability Company Laws submits the following certificate of formation:

FIRST: The name of the limited liability company is Construction Support Equipment LLC

SECOND: The nature of the primary business or purposes are buy and sell small tools and small construction equipment

THIRD: The name of the limited liability company's registered agent is Barbara M. Kelley

and the **street address**, town/city (including zip code and post office box, if any) of its registered office is (agent's business address) 31 Exeter Road, Hampton Falls NH 03844

FOURTH: The latest date on which the limited liability company is to dissolve is none

FIFTH: The management of the limited liability company is vested in a manager or managers.

SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

*Signature: 

Print or type name: Barbara M. Kelley

Title: Manager
(Enter "manager" or "member")

Date signed: 12-9-14

To receive your ANNUAL REPORT REMINDER NOTICE by email, please enter your email address here:

State of New Hampshire
Form LLC 1 - Certificate of Formation 2 Page(s)



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igned by a member.

Division become public records and will be available for

SRA to: Corporation Division, Department of State, 107
ation: 25 Capitol Street, 3rd Floor, Concord, NH 03301.

Form LLC-1 (1/2013)

**Form SRA – Addendum to Business Organization and Registration Forms
Statement of Compliance with New Hampshire Securities Laws**

Part I – Business Identification and Contact Information

Business Name: Construction Support Equipment LLC

Business Address (include city, state, zip): 15 Whitaker Way Unit #4, Seabrook NH 03874

Telephone Number: (617) 592-3911 E-mail: _____

Contact Person: Lawrence K. Kelley, III

Contact Person Address (if different): _____

Part II – Check ONE of the following items in Part II. If more than one item is checked, the form will be rejected. **[PLEASE NOTE:** Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. **However,** you must insure that your business meets all of the requirements spelled out in A), B), and C)];

1. Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets **ALL** of the following three requirements:
 - A) This business has **10 or fewer owners**; and
 - B) Advertising **relating to the sale of ownership interests** has not been circulated; and
 - C) Sales of ownership interests – if any – will be **completed within 60 days** of the formation of this business.
2. _____ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - _____
3. _____ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - _____
4. _____ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

Part III – Check ONE of the following items in Part III:

1. _____ This business **is not being** formed in New Hampshire.
2. This business **is** being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.

Part IV – Certification of Accuracy

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures **only**)

Name (print): Barbara M. Kelley, Manager Signature: 

Date signed: 12-9-14

Name (print): _____ Signature: _____

Date signed: _____

Name (print): _____ Signature: _____

Date signed: _____

State of New Hampshire

Filed
Date Filed: 07/28/2016
Business ID: 718802
William M. Gardner
Secretary of State

Filing fee: \$35.00
Use black print or type.

Form LLC-3
RSA 304-C:34

LIMITED LIABILITY COMPANY CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION

PURSUANT TO THE PROVISIONS of Chapter 304-C, Section 34 of the New Hampshire Revised Statutes Annotated, the undersigned submits the following Certificate of Amendment:

FIRST: The name of the limited liability company is Construction Support Equipment LLC

SECOND: The text of each amendment is:

The nature of the primary business or purposes are "buy and sell small tools, construction equipment, equipment manuals, petroliana, automobilia, memorabilia, antiques, and collectibles."

[If more space is needed, attach additional sheet(s).]

*Signature: 

Print or type name: Barbara M. Kelley

*Title: Manager
(Enter "manager" or "member")

Date signed: July 21, 2016

* Signature and title of person signing for the limited liability company. **MUST BE SIGNED BY A MANAGER OF THE LIMITED LIABILITY COMPANY. IF NO MANAGER, IT MUST BE SIGNED BY A MEMBER.** (If the limited liability company is in the hands of a receiver, executor, or other court appointed fiduciary, trustee, or other fiduciary, it must be signed by that person.)

State of New Hampshire
Form LLC 3 - Certificate of Amendment 1 Page(s)



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vision become public records and will be available for

State, 107 N Main St, Rm 204, Concord, NH 03301-4989
Floor, Rm 317, 25 Capitol St, Concord, NH

Department of Revenue Administration

[Skip to Main Content](#)

Taxpayer Assistance - Requests for Resale & Exempt Certificates

The State of New Hampshire does not have a general sales and use tax. Therefore, the Department does not issue Certificates for Resale or Tax Exemptions, nor does the Department issue tax exempt numbers. Please print this page and present it to any entity that requires confirmation that New Hampshire does not issue Certificates for Resale or Tax Exemptions.

Should a company refuse to sell to you because you do not have a New Hampshire tax exempt number, you may refer them to the New Hampshire Department of Revenue Administration at (603) 230-5030 for clarification.

If you are requesting a resale certificate for the Communications Services Tax ([RSA 82-A](#)) and currently the company is filing the Communications Services Tax with the Department, please complete and sign the Application for Resale for the Communication Services Tax and mail it to:

New Hampshire Department of Revenue Administration
Audit Division
PO Box 457
Concord, NH 03302-0457

New Hampshire Department of Revenue Administration
Governor Hugh Gallen State Office Park
109 Pleasant Street (Medical & Surgical Building)
(603) 230-5000 | TDD Access Relay NH: 1-800-735-2964 | fax: (603) 230-5945

[Contact the Webmaster](#)