

L05000107880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

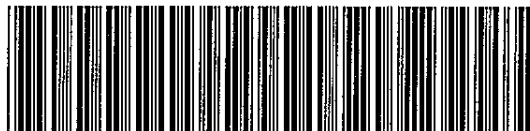
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

(Handwritten signature and date)
11/7/05

Office Use Only



500061080675

11/03/05--01025--018 **125.00

05 NOV -3 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Martin Brothers Concrete LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Martin
(Name of Person)

Martin Brothers Concrete LLC
(Firm/Company)

5537 HINOTE ROAD
(Address)

Crestview, FL 32539
(City/State and Zip Code)

For further information concerning this matter, please call:

William Martin at (850) 685-7235
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Martin Brothers Concrete LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

William Martin
5537 Hi Note Rd
Crestview, FL 32539

Mailing Address:

William Martin
5537 Hi Note Rd
Crestview, FL 32539

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

William Martin
Name

5537 Hi Note Rd
Florida street address (P.O. Box NOT acceptable)

Crestview FLORIDA 32539
City, State, and Zip

05 NOV -3 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED AND

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..

William Martin
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

William Martin
5537 HINDLE RD
Crestview, FL 32539

MGRM

MARVIN MARTIN
4091 RICHARDSON RD
Crestview, FL 32539

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

William Martin
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William Martin
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV -3 PM 5:23

APPROVED
AND
FILED