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COVER LETTER

	egistration Section vision of Corporations	
SUBJECT		DECORATIVE CONCRETE, LLC.
The enclose	ed Articles of Organization a	nd fee(s) are submitted for filing.
Please retur	n all correspondence concern	ning this matter to the following:
	GERALD	R EURBERG Name of Person
	AS GAR D	DECORATIVE CONCRETE, LLC. Firm/Company
	2005 5	RIVERSIDE DR 12.12
	EDGEWATE	City/State and Zip Code
	ASGARD Co E-mail address:	NCRETE & GMAIL , LOM (to be used for future annual report notification)
For further	information concerning this	matter, please call:
Ger	Name of Person	Area Code Daytime Telephone Number
Enclosed is □ \$125.00 Fil	a check for the following an ling Fee S130.00 Filin Certificate of	nount:
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ASGARD DECORATIVE CONCRE (Must end with the words "Limited Li	ETE, LLC.
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ee of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2005 & RIVERSIDE DR UNIT 12 EDGEWATER, FL 32141	2005 S RIVERSIDE DR UNIT 12 EDGEWATER, FL 32141
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
GERALD R ECKE	ikklo
Name	_
2005 5 RIVERSI	DE DR UNIT 12
Florida street address (P.O. Box N	
EDGEW ATER City	FL 3214)
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
She R fok	has
Registered Agent's Signatur	c (REQUIRED)
(CONTINUEI	The state of the s
Page 1 of 2	PA PA
	ORION CORRO

<u>itle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager AM BR	GERALI) R ECKBERG 2005 S RIVERSIDE DR. UNIT 12 EDGEWATER, FL 32141
Use attachment if necessary)	
V: Effective date, if other than the tive date is listed, the date must	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the tive date is listed, the date must filing.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9.
V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any.	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the	e specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any. EFOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9 a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

