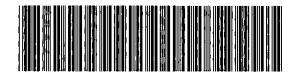
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LIBERY JV, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

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AUTHORIZATION:

ABBIE/PAUL HODE

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CT: Liberty	JV, LLC		
		Name of Limite	ed Liability Company	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this matt	er to the following:	
	Kim Smith			
			Name of Person	
	Baker Concre	ete Construction, Inc		
			Firm/Company	
	900 North Ga	rver Road		
			Address	
	Monroe, Ohio			
			y/State and Zip Code	
-	smithki@bake	erconcrete.com E-mail address: (to be used f	or future annual report notification)	-
For fur	ther information	concerning this matter, please	e cali:	
Kim S	im Smith at (513) 539-4057		at (513) 539-4057 Area Code & Daytime Telephone Number	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check fe	or the following amount:		
⊒\$ 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:	:		
Liberty JV, LLC			
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Compan	y is:	
Principal Office Address:	Mailing Address:		
530 N. Commonwealth Ave. Polk City, Florida 33868	530 N. Commonwealth Ave. Polk City, Florida 33868		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r NRAI Services, Inc.	tered Agent. You must designate an individual or another	12 FEB 24	FIL
Name		3.	m
515 E. Park Ave.		Ĉ.	
	iress (P.O. Box <u>NOT</u> acceptable)	55	
Tallahassee	_{FL} 32301		
City Sta	ate and Zin		

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, F.S..

Ju Most Asst Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Liberty Steel Erectors, Inc. 530 N. Commonwealth Avenue Polk City, Florida : 33868 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE 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. 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.) E. Todd Wilkowski Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)