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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	Geneo's	Concres Name of Li	<i>tte Pa</i> imited Liabil	t mp/neity Company	y LLC
The enclosed	d Articles of Organizati	on and fee(s) a	ire submitted	for filing.	
Please return	all correspondence cos	ncerning this n	natter to the	following:	,
	Gene	<u> </u>	Coni Name of	10/1 I	<u>.</u>
٥	zeneo15	Concre	Firm/Co	Pumpir ompany	ng LLC
-	12	640	Go Addr	ess mb/e	Bd
	Montic	e110	F1, City/State an	3234 d Zip Code	+4
_	E-mail addr	ress (to be use	d for future a	annual report notifi	cation)
For further inf	ormation concerning th	is matter, plea	se call:		
Ge	Pne C. Con Name of Persor		-) <u>661 —</u> Daytime Telep	
Enclosed is a	a check for the followin	g amount:			
₹ \$125.00 Fili	_	Filing Fee & ate of Status	Certif	00 Filing Fee & ied Copy al copy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, Fl. 3	orations		Street Address New Filing Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, Fl. 3	rations enter Circle

ARTICLES OF ORGANIZATION FOR HUGHLDA LIMITED LYABILITY COMPANY

AB

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 FEB 26 PM 4: 50

Geneo's Concrette Pamping LLC."

(Must end with the words "Limited Liability Company, "L.L.C.," or LLC.")

SEGTORIO CT STATE

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
12640 Samble nd. Montiella F1. 32	344

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Gene C, Connell H

Name

12640 Gamble Rd,

Florida street address (P.O. Box NOT acceptable)

Monticello Fl. 32344.

Having been named as registered agant 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 agant 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 ht Chapter 605, F.S..

Sene C. Connell TT

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

n effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after late of filing.) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	(Use attachment if necessary) ETICLE V: Effective date, if other than the date of filing:	Montale 3
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ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: