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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## CAPITAL CONNECTION, INC.

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222  Marchael Concrete  Systems, 44d.	TASICAL SALES
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Eigtitious Name File
	Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation
	Dissolution / Withdrawal Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing
	Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Search
Signature	Fictitious Owner Search  Vehicle Search
Requested by:   /2/12 //:00	Driving Record  UCC 1 or 3 File  UCC 11 Search
Name Date Time	UCC 11 Search  UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP



1. River City Concrete Systems, Ltd.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
2. 6740 Highway Avenue
(Street address of initial designated office)
Jacksonville, FL 32254
3. Eric L. Hearn
(Name of Registered Agent for Service of Process)
4. 501 West Bay St.
(Florida street address for Registered Agent)
Jacksonville, FL 32202
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree t comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
En74hu
Signature of Registered Agent
66740 Highway Avenue
(Mailing address of initial designated office)
Jacksonville, FL 32254
7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each general partner: Name: **Business Address:** Jax Crane, LLC 6740 Highway Avenue LOLOWIISTS Jacksonville, FL 32254 9. Effective date, if other than the date of filing:\_\_\_ (Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.) 2006 December Signature of each general partner: as Managing Member of Jax Crane, LLC Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

Page 2 of 2